



# St. Margaret's Episcopal School

## 2004-2005 Extended Day Care Services

### Preschool and Kindergarten

**Enrollment forms and fee must be received prior to the start of the school year in the Fall.**

We would like to introduce you to our Extended Day Program for preschoolers and kindergartners. The aim of the program is to provide a safe environment for your child after school for those families who need after-school assistance. The program provides many stimulating and creative activities such as cooking, science, puppet-making, art, sports, clay-modeling, music and movement, and computers.

The Extended Day Program meets Monday through Friday from 3:00 to 6:00 p.m. and on Minimum Days, 11:30 a.m. to 6:00 p.m. There is a yearly registration fee of \$25 per family for everyone using the program. The program offers two payment plans depending on the hours your child attends. The payment options are as follows:

<b>Pre-Registered Hourly Rate for Scheduled Weekly Usage</b>	<b>\$5.00/hr per child</b>
<b>Pre-Registered Minimum Day Usage</b>	<b>\$5.00/hr per child</b>
<b>Drop-In Usage (when space is available)</b>	<b>\$6.00/hr per child</b>

**Parents will be charged late fees as follows for any day care provided after 6:00 pm:**

<b>First 15 minutes or any portion thereof:</b>	<b>\$15.00 per child</b>
<b>Each additional minute:</b>	<b>\$1.00/minute per child</b>

Your monthly Extended Day charges will be billed to your student account.

**PLEASE FILL IN INFORMATION BELOW AND ON BACK SIDE  
AND RETURN THIS FORM WITH YOUR \$25 REGISTRATION FEE.**

**Child's Name (please print)** \_\_\_\_\_  
Last First

### SCHEDULE

Please circle the day and time so we can provide adequate staffing.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3 - 4 pm	3 - 4 pm	3 - 4 pm	3 - 4 pm	3 - 4 pm
4 - 5 pm	4 - 5 pm	4 - 5 pm	4 - 5 pm	4 - 5 pm
5 - 6 pm	5 - 6 pm	5 - 6 pm	5 - 6 pm	5 - 6 pm

*If you have any questions about our program, please contact Madeleine Bialek or Jody Prichard, Extended Day Coordinators, at 949-661-0108, ext. 295.*

#### OFFICE USE

Registration Fee Paid \_\_\_\_\_

Ck # \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

**TURN TO BACK SIDE. Please fill out BOTH sides of form.**

