

**GOOD COUNSEL ACADEMY ELEMENTARY
2 BROADWAY
VALHALLA, NEW YORK 10595**

**Extended Care Program: Fee Schedule
2015-2016
Direct Line: (914) 522-7816**

Cost: Charges are flat fees that will be applied beginning at 3:10 pm on full days; 12:25 pm on minimum days.

Full Day Costs	Half-Day Costs
One Child <ul style="list-style-type: none"> • \$25 per day up to 6:00 p.m. • \$15 per day up to 4:10 p.m. 	One Child \$50 per day
Two Children <ul style="list-style-type: none"> • \$35 per day up to 6:00 p.m. • \$20 per day up to 4:10 p.m. 	Two Children \$60 per day
Three or More Children <ul style="list-style-type: none"> • \$45 per day up to 6:00 p.m. • \$25 per day up to 4:10 p.m. 	Three or More Children \$70 per day

Policies and Procedures:

- Billing is monthly.
- Students will not be admitted to Extended Care if payments are not current.
- Children coming to Extended Care when *After-School Clubs* end will NOT be charged from 4:10 p.m.-6:00 p.m.
- **Extended Care is available only until 6:00 p.m.** If your child is picked up after 6:00 p.m., you will incur an extra charge of a flat fee of \$25 per family. **When your child is picked up after 6:00 p.m. two times, Extended Care will be discontinued for your family.**

Good Counsel Academy Elementary
2 BROADWAY
VALHALLA, NEW YORK 10595
Extended Care Program 2015-2016

Registration

The purpose of the Extended Care Program is to provide after school supervision for the children of working parents. This Program is open to all students from Prek4 – 8th grade. Please register for the days of the week that represent your need for Extended Care.

The Program will begin on Monday, September 09, 2015

Days: Monday through Friday, when school is in session

Times: 3:00 p.m. – 6:00 p.m. on full days
12:15 p.m. – 6:00 p.m. on minimum days, usually the first Friday of each month.

Supervisors: Good Counsel Academy Elementary faculty.

Content: Outdoor play, snack(parent provided), homework (Grades K – 8th), and creative play (board games, legos, etc.)

Cost: See fee schedule on separate sheet.

Policies and Procedures:

- Billing is monthly.
- Students will not be admitted to Extended Care if payments are not current.
- **Children coming to Extended Care when After-School Clubs end will not be charged from 4:10 p.m. to 6:00 p.m.**
- **Extended Care is available only until 6:00 p.m.** If your child is picked up after 6:00 p.m., you will incur an extra charge of \$25 per family. **When your child is picked up after 6:00 p.m. two times, Extended Care will be discontinued for your family.**

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Days attending: Phone number(s) where parent/guardian can be reached from 12:15 p.m. – 6:00 p.m.

____ Monday Work Number _____

____ Tuesday Cell Number _____

____ Wednesday Home Number _____

____ Thursday

____ Friday

Parent Signature _____ Date _____

Return to school office by September 9, 2015

Good Counsel Academy Elementary

To: Parents and Guardians
From: Pamela Matott, Principal
Date: September 2015
Re: Emergency Alert System (IRIS)

Good Counsel Academy Elementary implements an IRIS Alert system to communicate with you and our families during the year. **This system allows the school to e-mail, text, and call the numbers you provide in the event of school closings, delays or emergencies.** We will also use this system for specific school announcements or important reminders.

PLEASE!

- **Print or type the information on this form so that it is completely legible.**
- **Include the area codes of all phone numbers.**
- **Provide COMPLETE email addresses.**
- **Note that, if you elect to choose to receive text messages, your plan charges, per text, would apply.**

✚ It is important that you **return this completed form with your registration.**

You may email this form (with electronic signatures) to goodcounsel@gcaelem.net or fax it to 914 997 4195. Your cooperation is appreciated to support the safety and security of our children and timely communication with you.

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Cell Phone #1 _____ Text capable ___ Yes ___ No

Work or Cell phone #2 _____ Text capable ___ Yes ___ No

Home Phone: _____

Email #1 _____

Email #2 _____

Parent/Guardian Name (Printed) _____

Parent/guardian Name (Signature) _____