Mary Immaculate Queen School

884 North Lemoore Ave.
Lemoore, CA 93245

2017-2018 EXTENDED CARE PROGRAM (ECP) AND FEE AGREEMENT

Annual Registration Fee: $30.00 per family

Hourly Rate: $3.00 per student per hour

Overtime Charges: $10.00 per student

Programs Available

Morning: 6:45-7:40 am

- Any student dropped off at school before 7:40am will be sent to ECP and a $3.00 per student will be charged.

Afternoon and Overtime: 3:10-6:00pm (Monday-Thursday) and 1:30-6:00pm (Friday)

- Students not picked up will be sent to ECP and $3.00/hour per student will be charged.
- Overtime charges apply if a student is not picked up by 6:00pm.

Full-Time: A student who attends ECP 5 days a week.

Part-Time: A student who attends less than 4 days a week.

Drop In: Please notify the School Office if your child will be attending ECP.

ECP closes at 7:40am and the gate will open again 15 minutes after school dismissal.

Parent/ Guardian's Name (Printed)

Parent/ Guardian's Signature Date

Extended Care Program (ECP) **Direct Line: (559) 924-1312**

EXTENDED CARE PROGRAM (ECP) APPLICATION AND CONTRACT

Family Name: _____ Phone Number: _____

Child's Name:	Grade:
Child's Name:	Grade:
Child's Name:	Grade:
Child's Name:	Grade:

Parent's Name:	Parent's Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Business Name:	Business Name:

Medical Authorization and Information:

If a parent/ guardian cannot be reached, I allow my child to be taken to the nearest emergency room: Y N
If necessary, I authorize the Extended Care Staff to call an ambulance: Y N
I wish the following Doctor to be notified:
Name: _____ Phone: _____

Please list any allergies or medical problems your child has which the ECP Staff needs to be aware of:

Program (circle one): Full-Time Part-Time

General time your child will be picked up: _____

Please list other persons who are authorized to pick up your child:

Name:	Phone Number:
Name:	Phone Number:

If any person is under the age of 18, please state the authorization below:

_____

Please list any person who CANNOT remove your child from ECP:

_____

I authorize the above and am aware of all charges and fees associated with participating in the Extended Care Program. I will be responsible for prompt payment and providing in writing any changes to the information above, directly to the ECP staff.

_____ _____

Parent/ Guardian's Name (Printed) Parent/ Guardian's Signature Date