



[Our Lady of Perpetual Help Catholic School](http://www.olphowls.org)

8151 Poplar Avenue, Germantown, TN 38138-6138

(901) 753-1181 ext. 340 Fax: (901) 754-1475

www.olphowls.org

Dear Parents,

I am excited to offer extended care for our 1-year-old and 2-year-old students! Our youngest students are so special to us. In order to provide a safe environment for them, we will be strictly adhering to our staffing policy of 1 adult per four children. Because of this low ratio, we are requiring parents to commit to an extended care plan for the entire year. We will not be charging hourly or daily rates. If you need to change your extended care plan, please give the school a minimum of 2 weeks' notice so that we can secure staffing changes.

Extended programs:

Registration	\$40 per family	Tues / Thurs	Mon / Wed / Fri	Mon - Fri
Morning Care	7:00am – 8:30am	\$40/month	\$60/month	\$100/month
After Care 1	2:30pm – 4:30pm	\$60/month	\$90/month	\$150/month
After Care 2	2:30pm – 6:00pm	\$110/month	\$165/month	\$275/month

Please have all the attached Extended-Care paperwork completed upon arrival on Registration Day. We will also need a copy of the family health insurance card in case of an emergency. This will help to expedite the registration process.

It is important that you read over our pick-up policies.

If you have any questions, please contact the school office.

We look forward to a great school year.

Sincerely,

Cristy Sneed

EXTENDED CARE PROGRAM
2022-2023

Before Care is available from 7:00 a.m. - 8:00 a.m.

Extended Care is available from 2:30 p.m. – 6:00 p.m.
Extended Care phone number – 619-8729

FEES

Registration Fees:
\$40.00 per family

Registration	\$40 per family	Tues / Thurs	Mon / Wed / Fri	Mon - Fri
Morning Care	7:00am – 8:00am	\$40/month	\$60/month	\$100/month
After Care 1	2:30pm – 4:30pm	\$60/month	\$90/month	\$150/month
After Care 2	2:30pm – 6:00pm	\$110/month	\$165/month	\$275/month

Snack will be served daily at 3:00pm

Payment: Parents using extended care are required to pay through the FACTS system.

Student Supplies: Extended care staff will need supplies of your child's diapers/pull-up and wipes. If your child is potty-training, please send in an additional outfit for extended care.

Sign Out: When picking up your child, a signature along with the pick-up time is required.

Pick-Up: **Children must be picked up no later than 6:00 p.m. each evening.** Please be considerate in picking up your child on time, as we too, have evening obligations to meet. The fee for late pick-up will be \$1.00 per minute after 6:00 p.m.

NO AFTER SCHOOL CARE ON Early Dismissal Days

EXTENDED SCHOOL CARE FOR 1'S AND 2'S IS LOCATED IN THE CHURCH NURSERY

1'S and 2'S EXTENDED CARE PROGRAM
REGISTRATION FORM
2022-2023

NAME OF STUDENT: _____

CIRCLE ONE: 1K or 2K

PLEASE CHECK APPROPRIATE BOX BELOW:

Registration	\$40 per family	Tues / Thurs	Mon / Wed / Fri	Mon - Fri
Morning Care	7:00am – 8:30am	<input type="checkbox"/> \$40/month	<input type="checkbox"/> \$60/month	<input type="checkbox"/> \$100/month
After Care 1	2:30pm – 4:30pm	<input type="checkbox"/> \$60/month	<input type="checkbox"/> \$90/month	<input type="checkbox"/> \$150/month
After Care 2	2:30pm – 6:00pm	<input type="checkbox"/> \$110/month	<input type="checkbox"/> \$165/month	<input type="checkbox"/> \$275/month

HOME PHONE NUMBER: _____

MEDICAL CONCERNS: _____

EMERGENCY NUMBER: _____

CELL PHONE NUMBER: _____

BELOW IS A LIST OF PEOPLE WHO MAY PICK MY CHILD UP FROM AFTER SCHOOL CARE:

NAME:	RELATIONSHIP:	PHONE NUMBER:
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN CASES WHEN WE DO NOT KNOW THE PERSON PICKING UP, WE WILL ASK FOR A PICTURE I.D.

SIGNATURE OF PARENT: _____ DATE: _____

**INSURANCE – BEFORE AND AFTER CARE
2022-2023**

BY SIGNING THIS AGREEMENT, YOU CERTIFY THAT THE STUDENT IS ADEQUATELY PROTECTED BY YOUR OWN GROUP MEDICAL CARE PLAN IN THE EVENT OF AN ACCIDENT DURING BEFORE OR AFTER SCHOOL CARE. IF YOU DO NOT HAVE ADEQUATE INSURANCE, YOU MUST PURCHASE SCHOOL INSURANCE BEFORE ENROLLING IN THE EXTENDED CARE PROGRAM.

A COPY OF YOUR MEDICAL INSURANCE CARD MUST BE PROVIDED WITH THE REGISTRATION FORM.

I HAVE READ THE EXTENDED CARE PARENTAL AGREEMENT AND ACCEPT THESE FEES AND REQUIREMENTS.

NAME: _____

I HAVE ALSO BEEN PROVIDED WITH A SUMMARY OF LICENSING REQUIREMENTS PROVIDED BY THE TENNESSEE DEPARTMENT OF HUMAN SERVICES.

NAME: _____