

ST. JOHN - SACRED HEART SCHOOL **EXTENDED CARE PROGRAM**

My child (ren), _____
will use the Extended Care Program at SJSH School.

We have read the policies and procedures of the program.

Our responsibility as parents will be:

- * to complete a monthly calendar of days and times when we anticipate using the program
- * pay the monthly bill promptly upon receipt
- * inform the school staff of any changes among those listed below who may pick the child up from Extended Care

Persons Authorized to pick up the child (Please include parent names since families with non-custodial rights may be involved):

I (we) have read the Extended Care Program policies and procedures and agree to abide by those listed. I (we) understand that policies and procedures may need to be changed as the program develops.

Signed: _____ Dated: _____