

EXTENDED DAY CARE
OUR LADY OF PERPETUAL HELP SCHOOL
124 Columbus, Bakersfield, CA 93305 (661) 327-7741 Ext. 226

Becky Cheek, Director
bdimario@olph1.org

For the convenience of our families, childcare is available all school days from 6:30AM to 7:30 AM and 2:30 PM to 5:30 PM.

Based on the philosophy of the school, Our Lady of Perpetual Help Extended Day Care is structured to provide a safe and caring environment for your child. The program includes snack time, quiet time for homework, organized arts and crafts, and play time.

Annual Registration Fee per family \$50.00

Monthly Rates

One Child	\$200.00
Two Children	\$350.00
Three Children	\$450.00
Four or more Children	\$500.00

Drop-in Rate (students must be registered for Day Care) \$15.00 per hour

***A late pick-up fee of \$20.00 per child is charged for any portion of the first fifteen minutes after 5:30 P.M. and \$2 for each additional minute.**

PAYMENTS

All payments are due on the first of the month. A late fee of \$20.00 will be added to payments made after the 15th of the month. There is a \$30.00 fee for returned checks.

OPERATIONS

1. Children will be released only to those persons authorized in the Extended Day Care contract. Exceptions will require prior notice to the director and must be verified by written consent of the parent/guardian.
2. Parents will advise the director in writing of any change in address, phone number, emergency, or pick up information
3. The director will be advised of a student's participation in after school activities.
4. **Infraction reports will be issued to any student who disregards rules and procedures. If a student receives 3 infraction notices, a conference will be scheduled with parents.**
5. **Questions and concerns are to be directed to the Director of Extended Day Care. Please fill out contract.**

OUR LADY OF PERPETUAL HELP SCHOOL

AFTER SCHOOL PROGRAM 2024-2025

Family Name _____ (Last) _____ (First)

Address _____ (Street) _____ (Zip) Home Phone _____

Parent/Guardian (wk) _____ (cell) _____

Parent/Guardian(wk) _____ (cell) _____

Name of Student(s) _____ (Last) _____ (First) _____ (Grade) _____ (Allergies)

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HOURS OF EXTENDED DAY CARE NEEDED

BEGINNING TIME _____ **PICK UP TIME** _____

DAYS NEEDED _____

REGISTRATION FEE: \$50.00

BASIC FEE \$ _____

• Payments may be made by check or money order payable to OLPH Extended Day Care.

I _____, do authorize Our Lady of Perpetual Help Extended Day Care to release my child/children to the people listed below. I have checked with these people, and they have agreed to accept responsibility for my child/children in the event that I am unable to pick them up. In the event that they will pick up my child/children, I will be sure to call the daycare office, leave a message, or send a note to the office.

Signature _____ Signature _____

1. _____
Name and relationship Phone No.

2. _____
Name and relationship Phone No.



OLPH School Daycare Behavior Contract

Expectations

1. Students must follow the daycare teachers' instructions promptly and respectfully.
2. Students will keep hands and feet to themselves.
3. Students will use kind language towards themselves and others.
4. Students will only walk in the cafeteria and not tip their chairs forwards or back.
5. Students will use school property, including board games, blocks etc., correctly without causing unnecessary damage.
6. Students will be considerate of other students by taking turns, not interrupt board games being played, or purposefully destroy creations made by other students.
7. Students must clean up all messes before moving on to a new activity.
8. All playground school rules must be followed.
9. Cellphones must be checked in and may not be used until picked up from daycare.

Discipline Policy

1. Warning
2. Time out for 1-minute times their age (7 years old equals 7 minutes time out)
3. Removal from activity and Parent contacted
4. Student Visits Principal's Office
5. Multiple violations of the rules over a period of time may result in removal from the daycare program. This decision will be made at the discretion of the administration.

Please keep this sheet for your records. Please sign and return second page to Mrs. Cheek



OLPH School Daycare Behavior Contract

I (student's Name) _____ understand that if I do not follow the expectations listed above, I will earn one of the consequences.

Student's Signature _____ Date _____

I (Parent's Name) _____ understand that if my child does not adhere to the expectations listed above, he/she will earn one of the consequences.

Parent's Signature _____ Date _____