



**EXTENDED DAY CARE
OUR LADY OF PERPETUAL HELP SCHOOL**

124 Columbus, Bakersfield, CA 93305

(661) 327-7741 Ext. 226

Andrea Ruiz, Director

andrearuizolph@gmail.com

For the convenience of our families, childcare is available all school days from 6:30 to 7:30 A.M. and 3:00 to 6:00 P.M.

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	\$400.00
Four or More Children	\$500.00
Drop-in (students must be registered for Day Care)	\$8.00 per hour

***A late pick-up fee of \$20.00 per child is charged for any portion of the first fifteen minutes after 6:00 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 on the backside

OUR LADY OF PERPETUAL HELP SCHOOL
AFTER SCHOOL PROGRAM
2020-2021

Family Name _____
(Last) (First)

Address _____ Home Phone _____
(Street) (Zip)

Parent/Guardian (wk) _____ (cell) _____

Parent/Guardian (wk) _____ (cell) _____

Name of Student(s)

(Last) (First) (Grade) (Allergies)

(Last) (First) (Grade) (Allergies)

(Last) (First) (Grade) (Allergies)

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.