



SPS Extended Care (EC) Afternoon Enrollment Contract 2021-2022

Student Name _____ Grade _____

Parent Printed Name _____ Date _____

Parent Signature _____ Phone _____

Afternoon Extended Care Schedule:

Monday - Thursday Dismissal -5:00pm

Friday - 1:50-4:00pm

SPS EC Payment Option:

10 Punch Pass: \$120/10 punch pass, good for 10 visits throughout the year.
(\$12 per visit)

Extended Care Guidelines:

- Punch Pass EC must be paid for by the first day of EC.
- Bring payment to the office. We accept: checks payable to SPS and cash.
- EC is offered to all K-5th grade SPS students.
- I understand these forms will be up to date prior to the first day of EC: allergy action plan, medical administration authorization, authorized pick-up, and release from liability.
- First day of EC is Wednesday Sept 8, 2021, last day Tuesday June 14, 2022.
- I understand the illness policy as outlined in the SPS School Handbook.
- I understand the behavior policy and I have read and shared the rules with my child.
- Students may not use cell phones or screens during EC.
- COVID-19 Protocol. I recognize that for reasons of managing COVID-19 in the school that the aftercare program will be considered a cohort and be subject to quarantine if an exposure occurs.

I have read and understand the EC Guidelines.

Parent Initial _____

Program Questions? Please email ajessup@sevenpeaksschool.org



Extended Care Authorized Pick up

Besides yourself, only those listed below will be allowed to pick up your child from EC.

Please list the names and phone numbers of individuals approved to pick-up your child from EC.

1. **Name:** _____

Relationship to Child: _____

Cell phone: _____

2. **Name:** _____

Relationship to Child: _____

Cell phone: _____

3. **Name:** _____

Relationship to Child: _____

Cell phone: _____



Extended Care Medical Release 2021-2022

Parent's Name: _____ Phone: _____

Address:

Emergency contact/phone: _____

Insurance company: _____ Policy #: _____

In case of illness, accident, or emergency to the student(s) named above, Seven Peaks School is authorized to obtain immediate medical treatment. I understand that Seven Peaks' staff will use their best judgment in determining emergency care and procedures.

My child _____ does/ _____ does not (check one) have special medical instructions for allergies, reactions to certain medications/bee stings/food/etc., or other medical instructions.

Please indicate below specific medical issue(s) and instructions that the teacher should be aware of:

Medical issue: _____

Instructions: _____

Parent's Signature: _____

Date: _____



SPS Extended Care Late Policy 2021-2022

Student Name _____ Grade _____

I understand Extended Care ends promptly at 5:00pm on Monday - Thursday and 4:00pm on Fridays.

If I am late for pick up, I agree to have my punch card punched one time at five minutes after pick up (Monday-Thursday 5:05pm, Friday 4:05pm) . I agree to have my punch card punched again every 10 minutes thereafter until I arrive.

Parent Printed Name _____ Date _____

Parent Signature _____ Phone _____