



# St. Mary School Cougars Corner

**Extended Day Care Program  
30 Lyndon Avenue, Los Gatos, CA 95030**

## **2017-2018 Rates & Registration**

**This form (front & back) must be completed and returned to the school office before your child may participate in the Extended Day Care Program.**

### **Plan 1**

Designed for families who regularly use after-school care.

Requirement: Monthly hours average 1.5 hours or more per school day

Registration Fee: \$75.00 per family

Fee: \$6.50 per hour per child

### **Plan 2**

Designed for drop-ins.

No registration fee

Fee: \$8.00 per hour per child

**NOTE: Families 1-8 using Cougars Corner on Minimum Dismissal Thursdays due to Drexel meetings will be charged at 50% during the care hours of 12:30-3:00pm.**

### **Late Pickups**

Parents are asked to pick up children **no later than 6:00pm**. There is a \$5.00 late fee charged for each 5 minutes after 6:00pm.

As with all St. Mary School programs, if there is a financial burden we encourage parents to discuss available financial aid with the Principal.

Cougars Corner services will be free of charge during the hours that a parent is volunteering their time at the school (after school hours). In order to receive "No Charge" you must let the Cougars Corner staff know what type of volunteer work you are doing and specifically request that it be free of charge. The Cougars Corner staff will indicate "No Charge" on your child(ren)'s sign out sheet. This benefit will now be available to both registered and unregistered families.

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2017-2018 CougarsCorner

## St. Mary School Cougars Corner Registration

Family Name: \_\_\_\_\_

**Circle One:**    **Plan 1 (attach check for \$75)**    **OR**    **Plan 2**

|                    |              |            |
|--------------------|--------------|------------|
| Child's Name _____ | Grade: _____ | DOB: _____ |
| Child's Name _____ | Grade: _____ | DOB: _____ |
| Child's Name _____ | Grade: _____ | DOB: _____ |
| Child's Name _____ | Grade: _____ | DOB: _____ |
| Home Address _____ |              |            |

|                        |              |              |
|------------------------|--------------|--------------|
| Father's Name _____    | Home # _____ | Cell # _____ |
| Business Address _____ | Work # _____ | Cell # _____ |
| Mother's Name _____    | Home # _____ | Cell # _____ |
| Business Address _____ | Work # _____ | Cell # _____ |

List below anyone permitted to pick up your child, besides parent. If more room is needed, please attach a list. Anyone not listed will NOT be permitted to pick up your child. **PHONE AUTHORIZATION WILL NOT BE ALLOWED.**

|            |             |
|------------|-------------|
| Name _____ | Phone _____ |
| Name _____ | Phone _____ |
| Name _____ | Phone _____ |

**Health Record:** List any special health conditions of your child such as allergies, fainting spells, nose bleeds, etc., of which we should be aware:

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If your child requires an EpiPen, please provide one to Cougars, in addition to the school office. A completed/signed Diocese of San Jose *Administration of Medicines* form **must** be on file in school office **and** Cougars Corner.

|               |             |
|---------------|-------------|
| Doctor _____  | Phone _____ |
| Dentist _____ | Phone _____ |

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

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### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Authorization is hereby given to St. Mary School Cougars Corner authorized personnel to render emergency medical treatment for any serious injury or illness to my child or children in the event I cannot be reached at the time of an accident or illness. I also authorize emergency transportation of my child to a hospital if deemed necessary (911 service).

Please transport my child to the following hospital (name/address) if necessary:

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Known allergies to medication/other conditions \_\_\_\_\_

Existing medical coverage \_\_\_\_\_ Policy # \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_