



Saint Brigid School
Extension Program
Sr. Jesus Poncela
Main phone: 415.673.0434

Extension Program Registration Form

2023-2024 Academic Year Enrollees

Pick up Schedule and Fees (August-June)

# of Children	Dismissal to 4:00 PM	Dismissal to 5:00 PM	Dismissal to 6:00 PM
1	\$ 2,750.00	\$ 3,575.00	\$ 4,175.00
2	\$ 4,350.00	\$ 6,975.00	\$ 7,150.00
3	\$ 5,750.00	\$ 7,125.00	\$ 8,450.00

Non-Refundable Registration Fee (academic year enrollees only): **\$125.00** per child

Fees will be charged in one installment, due on or before September 15, 2023 - or - in two installments with the first payment due on or before September 15, 2023, and the second payment due on or before January 15, 2024.

Late Charges are applied if the child is not picked up at the scheduled pick-up time. The late charge is billed at **\$5.00 per minute after 6:00 PM.**

Hourly Participation Rates - \$22.00/hour

Hourly participation rates are charged in quarter-hour increments and participant families are invoiced for any outstanding fees once per month **on SchoolSpeak** by the aftercare director. Payment is **due upon receipt** of the invoice.

Please note that students who are not picked up in a timely manner at school dismissal time will be checked into Saint Brigid's after-school extension care program. After a five-minute grace period, the family will be charged by the quarter-hour for their student's attendance in extension care.

Registration Information:

Name of Child 1: _____ Grade: _____

Name of Child 2: _____ Grade: _____

Name of Child 3: _____ Grade: _____

Allergies -

Please list all allergies that your child(ren) may have:

Allergy Emergency Action Plan:

IS CHILD'S ALLERGY MEDICATION IN THE SCHOOL OFFICE? Yes () No ()

Parent/Guardian Information:

Name of Parent/Guardian 1: _____

Home Address: _____

City/State/Zip: _____

Cell Phone: _____ Email: _____

Home Phone: _____ Work Phone: _____

Name of Parent/Guardian 2: _____

Home Address: _____

City/State/Zip: _____

Cell Phone: _____ Email: _____

Home Phone: _____ Work Phone: _____

Authorized Pick-Up 1:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Authorized Pick-Up 2:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Select the time your child(ren) will need to be in the Extension Program:

- 1) _____ Until 4:00 PM
- 2) _____ Until 5:00 PM
- 3) _____ Until 6:00 PM
- 4) _____ Hourly Participant

Emergency Release Authorization -

In the event of an emergency, Saint Brigid School Extension program is authorized to release your child to the following individuals**:

- 1) Name: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____
- 2) Name: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____
- 3) Name: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____
- 4) Name: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____

****PLEASE NOTIFY SAINT BRIGID OF ANY CHANGES AS SOON AS POSSIBLE****

Carpool Authorization -

If you are in a regular carpool, please list all drivers who are authorized to pick up your child/children:

- 1) Name: _____ Phone: _____
- 2) Name: _____ Phone: _____
- 3) Name: _____ Phone: _____
- 4) Name: _____ Phone: _____

Saint Brigid Extension Program staff will not release your child to anyone without your written consent. All arrangements for pick-ups by persons outside of the parties listed on this form (for play dates, sports, and any other activities) must be confirmed in writing to Señor Jesus Poncela jponcela@saintbrigidsf.org. A phone call cannot substitute for written consent by email.

Extension Program Policies

The Extension Program operates via the same philosophical guidelines as Saint Brigid School. Its' staff is dedicated to giving all students a safe space in which to spend their time after school. Our goal is to provide an atmosphere that nurtures and, as nearly as possible, resembles the home environment to meet the needs of our SBS families. Parents and students, **please sign the Extension Program Contract below** after reviewing these policies with your children. These policies are intended to keep all of our students safe!

- 1. Sign-in/Sign-Out:** Parents or authorized persons **MUST** sign every child out each day on the designated sign-in / sign-out sheet (*students may NOT sign themselves out*).
- 2. Pick-up Changes:** Parents **MUST** notify the Extension Program Director via email if a non-authorized person is picking up your child. A phone call is **NOT** considered legal verification for pick-up and your child will not be released.
- 3. Late Pick-up:** A \$5.00 fee per minute is charged for pick-up past 6:00 pm or after your regularly scheduled pick-up time.
- 4. Extension Program Guidelines:**
 - All students must go directly to the Aftercare Room following dismissal to get signed in.
 - Children must stay in designated Extension Program areas and ask permission to go from one place to another. In order to ensure their safety, staff must know where your child is at all times. This includes travel to and from school areas such as but not limited to: bathroom, cafeteria, schoolyard, homework in hallways, and aftercare room.
 - Cell phones are **NOT** allowed during Extension Program hours.
 - Any child who is sick may not check into the Extension Program and parents will be asked to pick up their child immediately.
 - Disciplinary Action- follows the same guidelines as outlined in the *Saint Brigid School Student Handbook*

Extension Program Agreement:

We, the parents/guardians of the aforementioned students, have read and reviewed the Extension Program Policies with our child/children. Our family agrees to comply with all policies. Non-compliance may result in our child being withdrawn from the program.

Parent/Guardian Signature: _____

Date: _____

Student 1 Signature: _____

Date: _____

Student 2 Signature: _____

Date: _____

Student 3 Signature: _____

Date: _____

For Internal Use Only

Registration Fee \$125 per child Paid? Yes ()/No () on date: _____

Payment Method: Cash () Check () Check #: _____ Receipt #: _____

Director Approval: _____ Date: _____