

**Clear Creek Elementary School District
Extended Day Program**

2024-2025 School Year-Contract and Registration Form

Child's Name _____ Grade: _____ Birth date: _____ Age: _____ Gender: _____

Child's Name _____ Grade: _____ Birth date: _____ Age: _____ Gender: _____

Contracting Parent (#1): _____ Home Phone: _____

Work Phone (#1): _____ Cell Phone: _____

Mailing Address: _____ City/Zip: _____

Parent (#2): _____ Home Phone: _____

Work Phone (#2): _____ Cell Phone: _____

Mailing Address: _____ City/Zip: _____

I release confidentiality to Parent #2 _____ yes (Initial) _____ no (Initial)

Program to be used on a regular basis – same days each week, at least one month in duration

I will need care for the following **hours** and **days**. (Example: 1:00 p.m. – 4:00 p.m.)

Regular Days

(Circle am &/or pm)

Monday am/pm	Tuesday am/pm	Wednesday am/pm	Thursday am/pm	Friday am/pm

Minimum Days

(Dismissal 12:10)

Monday am/pm	Tuesday am/pm	Wednesday am/pm	Thursday am/pm	Friday am/pm

FEES

Before-School Care-7:00-8:30am including breakfast- \$5.00 per day

Grades TK/K - 1:00pm-2:45pm - \$10.00 per day

Grades TK/K - 1:00pm-4:00pm - \$15.00 per day

Grades 1st-8th - 2:45pm-4:00pm - \$5.00 per day

Friday 1st-8th – 1:30pm-4:00pm - \$12.50 per day

Minimum Days - All Grades - 12:10pm-4:00pm - \$20.00 per day

Late Pick Up Fee - \$10.00 per instance

Late Payment Fee - \$10.00

Returned Check Fee - \$10.00

- **The Extended Day Program Hours are Monday-Friday from 7:00-8:30am and 1:00 pm- 4:00 pm.** The program is only open on days classes are in session.
- The Extended Day Program fees are based on the contracted hours requested on this form. Any changes to the contracted days must be made before the monthly billing is created.
- Bills will be created at the end of the month and there will not be credit given for any contracted days that are not used, except for any days the school requires the student to quarantine.
- All past due balances must be paid and current before your child can be registered for the program. Payment is due 5 days after receipt of monthly bill. **If fees are NOT paid by the end of the month the bill is received students will not be able to attend the program until your account is paid.**

I agree to pay the above fees until a new contract is executed or cancelled. I agree to adhere to the Parent Responsibilities and Billing Procedures as outlined on the Parent Responsibilities and Billing Procedures sheet.

Parent/Guardian Signature: _____

Please make check payable to: Clear Creek School

Tax ID Number 02-0723470

Extended Day Care Parent Responsibilities and Billing Procedures

Parent Responsibilities/Agreement

I understand and agree that:

1. My child is not allowed to come and go freely from the Extended Day Program site.
2. My child must be signed in and out each day by myself or (authorized person).
3. The Extended Day Care Program offers a *small snack* to attending students. **Please pack your student an afterschool snack if you feel they will require more food during their time.** All snacks must be ready to eat. We cannot reheat or add hot water to any snacks.
4. I must notify the office of any daily departure changes.
5. I will contact the school office when my child will be absent on a scheduled day. I realize this is for my child's protection.
6. If a medical emergency arises, the Extended Day Care Staff will first attempt to contact me. If the emergency is such that immediate hospital attention is necessary, the Clear Creek Extended Day Care Program Staff will call 911. I will be responsible for all costs incurred.
7. The Clear Creek Extended Day Care Program will operate during student attendance days. It will be closed all other days. The program will open at the close of school on scheduled minimum days.
8. I will read and abide by the policies set by Clear Creek School.
9. **The Extended Day Care Program has a capacity of 14 Students.**
10. **Only students that have active contracts can attend. No Drop Ins at this time.**
11. If you will be late in picking up your student please call the school at (530)273-3664. If the office is closed for the day please dial extension 209. This extension will call the classroom directly.

I have read and agree to the above Parent Responsibilities/Agreement and have signed below.

Parent/Guardian Signature: _____ **Date:** _____

Billing Procedures

I understand and agree that:

1. I pay for contracted days of service and am responsible for payment for the day my child attends.
2. I am responsible for the monthly payment of fees.
3. MONTHLY payment is due within five days of receipt of invoice. A \$10.00 late charge will be billed for payments received after the 5 days.
4. I will be notified one month in advance of any rate increases.
5. The Clear Creek Child Care Program closes at 7 a.m. and 1:00p.m. daily.

I have read and agree with the above Billing Procedures and have signed below.

Parent/Guardian Signature: _____ **Date:** _____

Enrollment in the Clear Creek Extended Day Care Program shall be granted to students without regard to sex, race, color, religion, national origin, or disability.

**Clear Creek Elementary School District
Extended Day Care Program
Medical Treatment Form**

My child _____ has my permission to attend the Clear Creek Extended Day Care Program located at 17700 McCourtney Road, Grass Valley, CA 95949.

I hereby certify that my child is in good health and can travel to and participate in the Clear Creek Child Care Program functions, I hereby authorize the Clear Creek Child Care Program Director or in his/her absence or disability, any adult accompanying or assisting him/her, to consent to the following medical treatment for said minor:

Any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of my physician and/or surgeon licensed under the provisions of the Medical Practices Act, California business and Professions Code section 2000 et seq.; or any X-Ray Examination, anesthetic, dental or surgical diagnosis and treatment, and hospital care to be rendered by a client licensed under the provisions of the Dental Practices Act. California business and Professions Code section 1600 et. seq.

AUTHORIZATION AND CONSENT

Signature of parent/guardian: _____

Print Name: _____ Date: _____ Emergency Phone DAY: _____

Emergency Phone NIGHT: _____

Mailing Address

Zip Code

City/State

Should there be any changes in the status of parent/legal guardian, it will be my responsibility to keep the Clear Creek Child Care Director informed.

Please identify your child's allergies, including allergies to food, medications, or drug reactions you know about:

Please list any physical handicaps or disorders that may limit your child's activities such as eyesight, hearing, speech, paralysis, diabetes, ulcers, etc.

