

*St. Bernardine of Siena School  
6061 Valley Circle Blvd.  
Woodland Hills, CA 91367*

September, 2009

Dear Parents,

Day Care was established to provide a service for families where both parents are working. For the safety and health of all Day Care students, we are mandated to provide a ratio not to exceed 14 children to 1 adult. Therefore, we are restricting Day Care to only 42 students. Thus, we need an exact count of the children who intend to use this service.

The rates for Day Care, both Full Time and Part Time, are listed below. No matter how many days you use day care a month, the billing rate will be a fixed amount of:

- \$15 per day for 1 Child – Part Time (not to exceed \$200 per month)
- \$200 per month for 1 Child – Full Time
- \$250 per month for 2 Children – Full Time
- \$300 per month for 3 Children – Full Time

**You may not leave one child in Day Care while picking up another; all siblings must be picked up at the same time. Please note that we will no longer allow drop-ins (those children that are not picked up by 3:00). We are committed to providing adequate supervision during Day Care, and drop-ins compromise that supervision ratio. Day Care is primarily intended for children in Grades K-5. Permission must be received from the Administration for admittance of older children.**

Attached to this letter is an enrollment form for 2009-2010. **This form must be completed and returned to the office before your child may attend Day Care.**

Sincerely,

Mrs. Peggy Hill  
Principal

- Att:
- 1) “Archdiocesan Extended Day Care Contract”
  - 2) “Permission to Participate in Day Care Activities & to Receive Emergency Medical Care” form
  - 3) “Day Care Registration” form

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ARCHDIOCESAN ELEMENTARY SCHOOL  
EXTENDED DAY CARE CONTRACT

St. Bernardine's Extended Day Care for the School Year 2009 - 2010 will commence on September 8, 2009. This program is offered to working parents who desire this arrangement for the purpose of providing time for homework and supervised play.

In return, the undersigned parents/guardians agree to pay in advance the published fees by the 10<sup>th</sup> day of the month, and \$1.00 per minute per child after 5:45 p.m. if they are late picking up their child(ren). A fee of \$10.00 is charged for late payments. Frequent lateness in picking up a child(ren) will be grounds for terminating the child(ren)'s participation in the program. If parents fail to meet their payment obligations, their child(ren) will not be eligible to continue in this school program.

Failure of a student or parent/guardian to comply with the rules and discipline requirements of the Extended Day Care program, the school, and/or the Archdiocese of Los Angeles, as they are stated in the Parent/Student Handbook or adopted from time to time, may subject the student to denial of further participation in the program. A formal conference with the principal is necessary before a student would be removed from the Extended Day Care program.

The undersigned parents/guardians agree to indemnify and hold harmless the Archdiocese, the school and all of their agents, employees, consultants (paid or volunteer), from any loss or liability arising out of the extended school program as such loss or liability relates to the child(ren) covered by this contract.

The undersigned parents/guardians are aware of and agree to follow the published policies and procedures of the Extended Day Care program.

The names and grades of my children to be included in the program are:

NAME	GRADE
1. _____	_____
2. _____	_____
3. _____	_____

\_\_\_\_\_  
Father/Guardian Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Mother/Guardian Signature

Date \_\_\_\_\_

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**PERMISSION TO PARTICIPATE IN DAY CARE ACTIVITIES  
AND TO RECEIVE EMERGENCY MEDICAL CARE**

I hereby grant permission for my child to use all of the play equipment and participate in all activities of Day Care Program.

I hereby grant permission for the Director or Acting Director of the Day Care Program to take whatever steps may be necessary to obtain necessary emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the parent through any of the persons listed on the emergency information form completed by parent.
4. If unable to contact parent or child's physician, we will do any or all of the following:
  - a. Call an ambulance
  - b. Call another physician
  - c. Call paramedics
  - d. Take child to an emergency hospital accompanied by a staff member
5. Any expense incurred under the above steps will be borne by the child's family.
6. The school WILL NOT be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The school WILL NOT assume responsibility for a child who has not been signed in when he/she arrives for the day.

Signed: \_\_\_\_\_ Mother/Legal Guardian

Signed: \_\_\_\_\_ Father/Legal Guardian

Date: \_\_\_\_\_

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**DAY CARE REGISTRATION – FALL 2009**

FAMILY NAME \_\_\_\_\_

CHILD (CHILDREN) NAME(S) GRADE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROBABLE DAYS OF ATTENDANCE**

(Circle) M T W TH F

**PROBABLE TIME OF PICK-UP:** \_\_\_\_\_  
(Day Care ends at 5:45 p.m.)

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Hours \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Hours \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK-UP CHILD**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**PERSONS (LOCAL) TO BE CALLED IN CASE OF EMERGENCY**

(Be sure to include someone who will usually know your whereabouts)

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**CHILD'S PHYSICIAN** \_\_\_\_\_ Telephone \_\_\_\_\_

If paramedics are called, the child will be taken to **Columbia West Hills Medical Center** – the closest hospital.

Special information (medical, allergies, etc.): \_\_\_\_\_

**I understand that I must complete Day Care emergency forms before my child(ren) can attend Day Care at St. Bernardine.**