

3401 SW MYRTLE ST
SEATTLE WA 98126
GUADALUPE-SCHOOL.ORG



EXTENDED DAY CARE (EDC) K-8

Annual Registration Fee

An annual \$30 registration fee will be invoiced in FACTS to families who use this program.

Explanation of Rates

Rate is \$6.00 per hour, per child. There is a minimum one-hour charge per visit.

After the first hour, time is broken down into 30-minute increments with a five-minute grace period, for example:

3:00 - 3:45 = 1 hour

3:00 - 4:30 = 1.5 hours

3:00 - 5:05 = 2 hours

Extended Day Care (EDC) Schedule

EDC is open from 7:00 am to 6:00 pm.

EDC is open on half days, but closed most full days off from school. Check the school's weekly newsletter and the Parent Public calendar. EDC will follow the schedule for late start in the event of inclement weather.

Monthly EDC Invoices

Invoices will be sent out by the 25th of the month reflecting the prior month's balance.

If payment is not received by the due date, a late fee may be assessed.

Late Pick-up

A fee of \$1 per minute per child after 6:00 pm will be added to your monthly invoice. Failure to pay these fees will result in your child being denied care until payment is made.

I wish to register my child(ren) for Extended Day Care.

Student Name _____ Date _____

Student Name _____ Date _____

Student Name _____ Date _____

My anticipated schedule for use:

Before school Monday Tuesday Wednesday Thursday Friday

After school Monday Tuesday Wednesday Thursday Friday

Additional info:



**OLG School
2019-2020 Pick-Up Authorization
Grades K-8**

This form is optional -- If you anticipate parent/guardians may not be able to pick up your child, this form provides staff with additional pick-up authorizations.

Student Name: _____ Grade: _____
If this information is the same for siblings, please indicate names/grades below--

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

*I give authorization for any of the following individuals to pick up my child.
(Individuals should be prepared with photo ID).*

Name	Relationship	Phone Numbers
		Cell: () - Home: () - Alternate: () -
		Cell: () - Home: () - Alternate: () -
		Cell: () - Home: () - Alternate: () -
		Cell: () - Home: () - Alternate: () -
		Cell: () - Home: () - Alternate: () -

Additional information (*optional*):

Parent Name (*print*): _____

Parent Signature: _____

Date: _____

Please resubmit this form as appropriate as information changes during the school year.