

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 \$6.50 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:

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**OLG School  
2021-2022 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*):

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Parent Name (*print*): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

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