



# Extended Care

5621 108<sup>th</sup> St. SW  
Lakewood, WA 98499  
Judy Summers, Director  
253-584-2678  
[extendedcare@cabrinischool.org](mailto:extendedcare@cabrinischool.org)

Dear Parents,

Welcome to the St. Frances Cabrini School Extended Care Program. We provide high quality child care in a loving, nurturing, and Catholic-based after-school environment that is stimulating and enjoyable. The staff reinforces the expectations of St. Frances Cabrini School through example, respectful discipline, and enriching activities.

The following information will help familiarize you with our program. If you have any questions, please contact us between 6:45am and 6:00pm at 253-584-2678. You can also email us at:

[extendedcare@cabrinischool.org](mailto:extendedcare@cabrinischool.org).

## **Availability**

Extended Care is available to any student enrolled at St. Frances Cabrini School. The hours are:

6:45am – 6:00pm

Extended Care begins on the first day of school and ends at dismissal on the last day of school. It is not open on days when school is not in session. The size of groups is limited - if we have more applicants than spaces, the places are filled on a first-come, first-served basis.

## **Overview**

The Extended Care program follows the philosophy, mission, rules and regulations stated in the St. Frances Cabrini School Handbook. As members of a Catholic and caring community, the students are expected to respect the staff, each other, the materials, and the space.

The students are kept active and busy in a safe, pleasant atmosphere. They engage in a variety of activities that includes vigorous play, creative activities, and indoor games. Quiet time is set aside each day for homework. Outdoor play is a high priority for our program, weather permitting. The students also have snack time. We ask that you provide them with a healthy snack.

## **Fees**

Fees are set at the beginning of each year. We charge on a per-child basis, and your billing will be dependent on how many hours each child attends, and whether the attendance was pre-scheduled. Please see second page for a complete breakdown of fees.

## **Registration**

Guardians must complete the form in this packet to register for Extended Care. Once the form(s) are completed and returned to the school with the \$10.00 per child non-refundable fee, you will be sent a monthly calendar. Please fill out the calendar indicating the days and hours your student(s) will need Extended Care for that month and return in to the school by the 5<sup>th</sup>. Billing is calculated based on the information provided on the calendar.

**EXTENDED CARE APPLICATION, EMERGENCY and SIGNATURE FORM**  
 (Please attach your \$10 per child registration fee.)

<b>Child's Last Name</b>	<b>First Name</b>	<b>Birth Date</b>	<b>Grade</b>
<b>Home Address</b>			<b>Home Phone</b>

**PARENT BUSINESS INFORMATION:**

<b><u>Mother's Last Name</u></b>	<b><u>First Name</u></b>	<b><u>Name of Business</u></b>	<b><u>Phones</u></b>
<b><u>Father's Last Name</u></b>	<b><u>First Name</u></b>	<b><u>Name of Business</u></b>	<b><u>Phones</u></b>

**Illness or accident or leaving campus premises:** In the event of apparently serious illness or accident, when I cannot be reached, contact one of the following. They are authorized to act in my absence and they have **signed** their names below. They may also release my child from the center at any time:

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Release:** In case of any emergency, if I, the parent, or one of the above named cannot be reached by phone, and if, in the judgment of the School Personnel it is determined that treatment is urgent, I authorize that 911 be called and my child taken to the nearest hospital.

<b>Doctor's Name</b>	<b>Phone</b>	<b>Doctor's Name</b>	<b>Phone</b>
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(If your medical provider is Madigan Hospital/TriCare, please attach a copy of sponsor's ID or TriCare card.)

The Following person/s are also authorized to pick up my child/ren from Extended Care: A written note, signed by the parent must be given to Extended Care in order for anyone else to pick up my child from EC. I acknowledge that St. Frances Cabrini Extended Care Staff are not responsible for who I have pick up my child/ren.

Name	Address	Phone/s:
Name	Address	Phone/s:

**The following person/s MAY NOT pick up my child/ren:** (You must attach a copy of the legally binding restraining order.)

Name	Name
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**SPECIAL INSTRUCTIONS:** (Food allergies, restricted activities, etc. You may also write on the other side)

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