EXTENDED CARE

In addition to the classes, Extended Care is offered at an additional rate in the morning beginning at 7:30a.m., and in the afternoon from 12:00p.m. to 5:30p.m. Extended Care is offered to children enrolled in Episcopal Day School classes, on the days they are in attendance.

EXTENDED CARE FEES FOR SCHEDULED CARE

 You may sign up for one, two, or three blocks of time on the Scheduled Extended Care Form. Fees will be billed

per the Time Block signed-up for, not per hours used. Payment will be billed at the beginning of the month with monthly tuition, and due by the 15th of the month.

*Examples:*

* *The cost for enrollment in Early Morning Care A, five days per week is $110 each month in addition to regular monthly tuition. (5 x 22 = $110).*
* *A child enrolled in After School Care B and C, on Mondays, Wednesdays, and Fridays (three days per week) weekly for a month will cost $246 in addition to regular monthly tuition. (3 x $33.50) + (3 x $54.50) = $264*

|  |  |  |
| --- | --- | --- |
| **Scheduled EXTENDED CARE** | TIME BLOCK | Monthly Fee  *for one day, each week, in a month* |
| Early Morning Care | A 7:30am – 8:45am | $22.00 |
| Lunch Bunch | LB 12:00pm – 1:00pm | $18.25 |
| After School Care | B 12:00pm – 2:00pm | $33.50 |
| After School Care | 3:00 12:00pm - 3:00pm | $39.50 |
| After School Care | C 2:00pm - 5:30pm | $54.50 |

FULL TIME OPTION: Children who are enrolled in a class meeting five days per week can stay full time on school days, from 7:30a.m. to 5:30p.m., for an annual rate of $662. This Full Time Option covers class tuition and Extended Care fees (Blocks A, B & C). The Annual Tuition will be paid in ten equal payments of $662. The first payment is due August 1, 2024 and the final payment will be due by May 1, 2025. A late fee of $20 will be assessed. A full month’s payment is due regardless of the number of days attended each month.

Rates are as stated above, regardless of absence or the reasons for absence. The parent/guardian who submits a Scheduled Extended Care Form agrees that that there will be no interruption of payment or reduction or Extended Care rates as a result of illness, scheduled closings, emergency closings, government ordered closings, absence, known or unknown risks, or foreseen or unforeseen risks. In the event of cancellation of early morning care or extended care services, the fees for the cancelled days with be credited to the student’s account.

**Scheduled Extended Care Form**

**Name of Child:**

2-Day Young Two Year Old 2K \_\_\_\_\_\_\_

3-Day Young Two Year Old 2K \_\_\_\_\_\_\_

5-Day Young Two Year Old 2K \_\_\_\_\_\_\_

2-Day Three Year Old 2K \_\_\_\_\_\_\_\_

3-Day Two Year Old 2K \_\_\_\_\_\_\_\_

5-Day Two Year Old 2K \_\_\_\_\_\_\_\_

2-Day Three Year Old 3K \_\_\_\_\_\_\_\_

3-Day Three Year Old 3K \_\_\_\_\_\_\_\_

5-Day Three Year Old 3K \_\_\_\_\_\_\_\_

3-Day Four-Year-Old 4K \_\_\_\_\_\_\_\_

5-Day Four-Year-Old 4K \_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scheduled EXTENDED CARE** | TIME BLOCK | Monthly Fee  *for one day of the week* | Number of Days Per Week | Total Monthly Cost |
| Early Morning Care | A 7:30am – 8:45am | $22.00 | x | = |
| Lunch Bunch | LB 12:00pm – 1:00pm | $18.25 | x |  |
| After School Care | B 12:00pm – 2:00pm | $33.50 | x | = |
| After School Care | 3:00 12:00pm – 3:00pm | $39.50 | x |  |
| After School Care | C 2:00pm - 5:30pm | $54.50 | x | = |
| FULL TIME OPTION | FT 7:30am-5:30pm | \* | 5 | = $662 |

**Time Blocks A, B and C will be added to the prorated class monthly tuition rate.**

**\* Exception\*: The FULL TIME OPTION includes the monthly class tuition fee and Blocks A, B and C. Place a check** **in the Time Blocks you need for each semester.**

***FIRST SEMESTER:* AUGUST - DECEMBER *SECOND SEMESTER:* JANUARY - MAY**

Changes in Scheduled Extended Care for the second semester must be requested with the Director and any changes and/or additional times/days will be accommodated as space allows.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs | Fri |
| A 7:30-8:45AM |  |  |  |  |  |
| Lunch Bunch  12:00 – 1:00pm |  |  |  |  |  |
| B 12:00-2:00PM |  |  |  |  |  |
| 3:00 12:00-3:00 |  |  |  |  |  |
| C 2:00-5:30PM |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs | Fri |
| A 7:30-8:45AM |  |  |  |  |  |
| Lunch Bunch  12:00 – 1:00pm |  |  |  |  |  |
| B 12:00-2:00pm |  |  |  |  |  |
| 3:00 12:00-3:00 |  |  |  |  |  |
| C 2:00-5:30PM |  |  |  |  |  |

Parent/Guardian Name

Signature of Parent/Guardian Date

*Rates are as stated, regardless of absence or the reasons for absence. The parent/guardian who submits a Scheduled Extended Care Form agrees that that there will be no interruption of payment or reduction or Extended Care rates as a result of illness, scheduled closings, emergency closings, government ordered closings, quarantines, absence, known or unknown risks, or foreseen or unforeseen risks.*