

St. Benedicts School
Extended Day Registration Packet
2010 – 2011 School Year



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Seattle, Washington 98103

206-633-0507

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St. Benedict School - Extended Day Registration Packet Contents

The Extended Day program serves St. Benedict School students in grades Kindergarten through age 12. Guardians interested in enrolling their student(s) must acquire, complete, and submit this Registration Packet for each child to be enrolled. Please use black ink to complete all forms in this packet.

This Registration packet is comprised of:

Page 1. Enrollment and Contact Data Form

- Provide complete information and the signatures of all Legal Guardians.

Page 3. Financial Agreement

- Carefully consider your attendance selection and provide the signatures of all Legal Guardians.

Page 4. Medical Information and Consent Form

- Provide complete information and sign the Medical Consent portion.

Page 6. Extended Day Policies

- Read the Extended Day policies and provide the signatures of all Legal Guardians acknowledging an understanding and acceptance of these policies.

Page 7. Social and Developmental Survey

- Help us get to know your child.

If you have questions about this Registration Packet, please contact the Director, Lisa Wescott via email at: l.wescott@stbens.net or leave a message at 206.633.0507.

You are advised to make a copy of this registration Packet for your records. Your child is important to us. The information in this packet helps us provide quality care of your child.

Without exception, a completed Registration Packet must be submitted to The Extended Day Director before Enrollment will be granted and the student can attend Extended Day.



St. Benedict School - Extended Day Enrollment and Contact Data Form

Child's Last Name	First	M	Sex	Birth date	Age	Grade

Parent/Guardian		Parent/Guardian	
Name		Name	
Address		Address	
City	Zip	City	Zip
Home email:		Home email:	
Home phone:		Home phone:	
Cell phone:		Cell phone:	
Employer/ Occupation		Employer/ Occupation	
Work email:		Work email:	
Work phone		Work phone	

With whom does this child live? Check one:

- Both Parents
 Father
 Mother
 Legal Guardian
 Other: _____

Sibling names and ages (None): _____

Others Authorized to Log my Child In or Out of Extended Day			
Photo ID Required			
Name	Relationship	Primary Phone	2 nd Phone #
1)			
Address:			
2)			
Address:			
3)			
Address:			
4)			
Address:			



St. Benedict School - Extended Day Enrollment and Contact Data Form

Child's Last Name	First	M	Sex	Birth date	Age	Grade

Emergency Contacts (should be familiar with your child's medical status)			
Name	Relationship	Primary Phone #	2 nd Phone #
1)			
Address:			
2)			
Address:			
Please <u>inform</u> the people above that they will be contacted in the event of an emergency if the Guardians are unreachable, and they may be asked to pick up your child from Extended Day.			

Disaster Contacts:		
1) Name an Out-of-State Contact to call.		
2) Name a Wallingford resident that can pick up and care for your child, if a disaster occurs.		
Name	Primary Phone #	2 nd Phone #
1)		
Address:		
2)		
Address:		

I certify that the Enrollment and Contact Data provided above is correct. I authorize St. Benedicts Extended Day to care for my child.

Parent/Guardian signature: X _____ Date: _____

Parent/Guardian signature: X _____ Date: _____



St. Benedict School - Extended Day Financial Agreement

St. Benedict's Extended Day provides several attendance options to choose from. Please carefully consider your circumstances, and then select the option that best suits your needs.

		Contract Rates per Child		
Attendance Type	Drop-In Hourly	2 Days Per Wk.	3 Days Per Wk.	4/5 Days Per Wk.
Mornings Only	\$5.00/hr	\$81.00/mo	\$114.00/mo	\$138.00/mo
Afternoons Only	\$5.00/hr	\$114.00/mo	\$170.00/mo	\$217.00/mo
Mornings & Afternoons	\$5.00/hr	\$170.00/mo	\$260.00/mo	\$323.00/mo

Drop-In Hourly Features:

- Maximum attendance is **≤ 1 day per week**, per child.
- Logged attendance is billed in arrears, due by the 15th of the following month.
- Any portion of an hour in attendance is rounded up to the next whole hour.
- Noon Dismissal Days = \$15.00 Flat Fee (for any amount of time attended).
- Tuesday 2:00 pm dismissal days = Drop-in Fee
- School Closure Days = \$30.00 Flat Fee (for any amount of time attended).

Contract Rate Features:

- Contract amounts are **pre-paid** and due on or before the 1st of the month.
- Noon Dismissal Days = \$0.00 additional fee.
- Tuesday 2:00 pm dismissal days = \$0.00 additional fee.
- School Closure Days = \$20.00 Flat Fee (for any amount of time attended).
- No fees are assessed or due for attendance during the months of August and June (only for Contracts that remain unchanged throughout the school year).
- Any additional fees incurred in a calendar month are posted to the next month's payment due.
- Pro-rata refunds or credits are **not** made for days (or portions) not attended, for any reason.
- It is intended that your selection of **Contract Type** is binding for the entire school year. A change to the selected Contract Type is permitted solely at the discretion of the Director on a case-by-case basis, and only if certain requirements are met (see Director).

Policies applicable to all:

- Late pick-up fee = \$1.00 per minute, each minute after 6:00 PM.
- Extended Day payments may not be combined with your school tuition payment. Checks are made payable to 'St. Benedict Extended Day' and delivered to the Extended Day room.
- There is a \$30.00 NSF fee assessed if a tendered payment is not good; all future payments will only be accepted in the form of Cashiers Check drawn on a local bank.
- A two-week written notification is required to terminate a Contract Rate Financial Agreement. Two weeks prior to the first of the month. Fees continue to accrue until that two-week date.

✓ Indicate your selection of **Contract Type** below:

- Drop-In Hourly 2 days per week 3 days per week 4/5 days per week

✓ Indicate your selection of Extended Day **Session** below:

- Mornings Only Afternoons Only Mornings & Afternoons

Parent/Guardian signature: X _____ Date: _____

Parent/Guardian signature: X _____ Date: _____



St. Benedict School - Extended Day Medical Information and Consent Form

Child's Last Name	First	M	Sex	Birth date	Age	Grade

Current medical information about your child enables Extended Day to provide informed care for your child. Please enter all fields below:

Your Child's Medical Professionals Contact Data			
Medical Insurance Company:		Policy #:	
Contact	Name	Phone #	Address
Physician			
Dentist			
Hospital			

List the Current Medications used by your child	
Medication Name	Notes

Current Health Survey And Questionnaire	
Disability, Disease, or Life Threatening Condition:	
▪ Related info:	
Medical Devices installed/used (braces, respirator, implants, etc.):	
▪ Related info:	
Allergies with <u>medical</u> consequences:	
▪ Expected symptoms:	
▪ Method of treatment, if necessary:	
Developmental Difficulties (walk, talk, hear, see, etc.):	
▪ Related info:	
Family history of: <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other:	
Date of last Hospitalization:	For What ?:
Date of last physical exam:	Date of last Dental exam:
Date of last Vision exam:	Date of last Hearing exam:

Has your Child had any of the following conditions? (Carefully slash only those boxes that apply)

Asthma Bronchitis Chicken Pox Convulsions Diabetes Fainting Spells Frequent Colds
 Frequent Constipation Frequent Diarrhea Frequent Ear Infections Frequent Sore Throat
 Frequent Upset Stomach Head Lice Heart Trouble Hepatitis Impetigo Incontinence
 Measles Mumps Poliomyelitis Ringworm Scarlet Fever Tuberculosis Urinary Problem
 Whooping Cough Worms Other:



St. Benedict School - Extended Day Medical Information and Consent Form

Child's Last Name	First	M	Sex	Birth date	Age	Grade

Extended Day Medication Policies:

- All medications will be administered only if Guardian's written authorization is provided.
- Prescription medications will be administered only if:
 - A completed 'Medical Authorization Form' is on file. (This form is available on the St. Benedict web site: [St. Benedict School](http://St.BenedictSchool.com)). A physician's signature is required.
 - They are provided in their original pharmaceutical container.
 - Originally labeled with Child's full name, fill date, expiration date, and legible instructions.
- Non-Prescription medications will be given only as specified on the manufacturer's label.
 - Deviations from the manufacturer's instructions will occur only if written authorization has been provided from a medical professional authorized to prescribe medications.

I hereby certify that the information provided herein is complete and true and I agree to provide updated medical information, if the data provided above changes:

Parent/Guardian signature: X _____ Date: _____

Parent/Guardian signature: X _____ Date: _____

Consent To Medical Treatment Of Minor Children

I, (Parent/Legal Guardian) _____, hereby authorize my child, _____, to be given emergency treatment, including first aid and CPR, by a qualified St. Benedict's Extended Day Staff member. I also authorize and consent to my child's physician performing and providing medical, surgical, treatment, and procedures, as well as hospital admittance and care. If my child's physician and I cannot be reached, I herein authorize a licensed physician or hospital to safeguard my child's health. I give my permission for my child to be transported by ambulance or aid car to a hospital to receive treatment.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____



St. Benedict School - Extended Day Extended Day Policies

St. Benedicts Extended Day is a Washington State licensed childcare facility. In order to provide safe, secure, enriching, and State compliant care for your child, certain policies will be observed and enforced. Please read these policies carefully and provide certification of your understanding of these policies, in the Parent/Guardian signature fields below.

1. A completed 'Registration Packet' (all forms) must be submitted prior to admittance.
2. Extended Day is open Monday through Friday from 6:30 AM to 8:25 AM and from 3:00 PM to 6:00 PM. Tuesday afternoons 2:00 PM to 6:00 PM. See the 'Extended Day Handbook' for further hours of operation detail.
3. At a child's arrival or departure, a Guardian's **signature** and **log time** must be entered on the daily Attendance Log.
 - Only those non-Guardians previously authorized on the 'Enrollment and Contact Data Form' will be permitted to log your child in or out. Photo ID must be presented.
4. The Medication Policies specified in the 'Medical Information and Consent Form' will be observed. Please be sure that any updates are provided in a timely fashion.
5. Washington State nutrition guidelines are observed. You must note any dietary restrictions of a medical nature on the 'Medical Information and Consent Form'.
6. Photos, video or artwork by/of my child may be used on bulletin boards or other media (e.g. St. Benedict web site, newspaper, TV). I waive all compensation for such use.
7. Occasionally movies are shown at Extended Day that are a 'G' or 'Family' rating only. Please do not provide movies from home, unless it conforms to these ratings.
8. Emails are the principle means of communications to and from the Extended Day Director. Second are phone messages and messages on the daily log-in ledger. Third is a phone call between the hours of 9:00 am and 2:00 pm. You are expected to keep Extended Day apprised of any changes in your email contact data, and check your account regularly.
9. Extended Day observes the St. Benedict School electronic device policy. Please familiarize yourself with that policy.
10. You are expected to have read the Extended Day Family Handbook before your child attends Extended Day, as it contains important information that is not found elsewhere. It is also your ongoing reference guide for Extended Day.
11. Please do not bring any toys from home; including video games, iPods, etc.

I hereby certify that I have read, understand, and agree to the policies listed above.

Parent/Guardian signature: X _____ Date: _____

Parent/Guardian signature: X _____ Date: _____



St. Benedict School - Extended Day Social and Developmental Survey

Child's Last Name	First	M	Sex	Birth date	Age	Grade

By now, we already have the usual statistical data. Please tell us about your child's individual characteristics, which will help us understand your child. It is our wish to provide sensitive, insightful care. Please carefully complete this survey.

1. Is your child afraid of something: _____.
2. What is the best way to comfort your child: _____.
3. What other language is spoken at home: _____.
4. Who lives at home with your child: _____.
5. What pets are at home: _____.
6. What kind of activities does your child enjoy: _____.
7. List some of your child's favorite foods: _____.
8. What is your child's favorite place to visit: _____.
9. How would you describe your child's temperament: _____
_____.
10. Do you have a particular concern about your child: _____

_____.

Parent/Guardian signature: X _____ Date: _____