



## **EXTENDED CARE PROGRAM SY2024-2025**

(One application per student is required)

August 2024

To be considered for acceptance in our Extended Care Program, the following items must be completed and submitted to our school office by **Friday, August 9, 2024.**  
**Services will begin on Monday, August 12<sup>th</sup>.**

Extended Care Program Packet (which includes):

- Registration Form
- Emergency Medical Authorization Form
- Emergency Contacts
- Designated Pick-Up Form
- Financial Contract
- Terms and Conditions
- Handbook Verification Form

There are only 60 spaces available. Acceptance will be on a first-come-first-serve basis.  
**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. PLEASE COMPLETE ALL FIELDS.**

If you have any questions concerning our Extended Care Program application packet, please feel free to contact our school office at #677-4475. We look forward to meeting and working with you and your child(ren).

Sincerely,

Ms. Beverly Sandobal, Principal

**ST. JOSEPH PARISH SCHOOL**  
PROVIDING QUALITY CATHOLIC EDUCATION

94-651 FARRINGTON HIGHWAY WAIPAHO, HI 96797

TEL (808) 677-4475

WEB: WWW.STJOSEPHWAIPAHO.ORG

FAX: (808) 677-8937

EMAIL: SJPS@STJOSEPHWAIPAHO.ORG



**REGISTRATION FORM**  
**SY2024-2025**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

***Parent(s) or Legal Guardian(s) with whom child lives:***

**Parent/Legal Guardian's Name** \_\_\_\_\_

Occupation \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Business Address \_\_\_\_\_

**Parent/Legal Guardian's Name** \_\_\_\_\_

Occupation \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Business Address \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## EMERGENCY MEDICAL AUTHORIZATION FORM SY2024-2025

Child's Name (Last, First) \_\_\_\_\_

Grade \_\_\_\_\_

In the event of illness or injury to my child, which in the judgment of the St. Joseph Parish School staff requires emergency treatment, my permission is granted to call the following doctors in the order named, after attempts made to contact me or those listed under emergency contacts by telephone have been unsuccessful:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

The hospital emergency room of my choice is: \_\_\_\_\_

**My child is allergic to the following:**

Medications \_\_\_\_\_

Foods \_\_\_\_\_

Other \_\_\_\_\_

I hereby release St. Joseph Parish School from any claim arising out of the doctor's actions. All medical expenses shall be the responsibility of the parent(s) or legal guardian(s).

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Date

Father/Legal Guardian business/cell phone: # \_\_\_\_\_

Mother/Legal Guardian business/cell phone: # \_\_\_\_\_



## **EMERGENCY CONTACTS**

### **SY2024-2025**

In cases where my/our child(ren) are ill, injured, or in the event of an emergency closure of the school and I/we cannot be contacted, the school authorities have my/our permission to contact and release my/our child(ren) to the custody of one of the following people. (NOTE: These individuals may be required to present a valid picture ID).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell/business phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell/business phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell/business phone: \_\_\_\_\_

Please note any special information that is important for us to know:

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**DESIGNATED PICK-UP FORM**  
**SY2024-2025**

1. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: # \_\_\_\_\_ Business phone: # \_\_\_\_\_ Cell: # \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: # \_\_\_\_\_ Business phone: # \_\_\_\_\_ Cell: # \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: # \_\_\_\_\_ Business phone: # \_\_\_\_\_ Cell: # \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: # \_\_\_\_\_ Business phone: # \_\_\_\_\_ Cell: # \_\_\_\_\_

**NOTE: Only the individuals designated on this form will be allowed to pick up your child(ren). A picture I.D. may be requested.**



## FINANCIAL CONTRACT SY2024-2025

**Family Name:** \_\_\_\_\_

Name of Child(ren):

_____	Homeroom _____
_____	Homeroom _____
_____	Homeroom _____
_____	Homeroom _____

***Please select payment plan of choice: (cost is per child)***

**BEFORE SCHOOL CARE ONLY (5:45 am –6:45 am)**

<input type="checkbox"/> ANNUAL	\$400.00	<b>Payment Due: Aug. 9, 2024</b>
<input type="checkbox"/> MONTHLY (Full Time)	\$45.00	
<input type="checkbox"/> DAILY (Part-Time)	\$6.00 per day	

**AFTER SCHOOL CARE ONLY (3:30 pm - 5:30 pm)**

<input type="checkbox"/> ANNUAL	\$1100.00	<b>Payment Due: Aug. 9, 2024</b>
<input type="checkbox"/> MONTHLY (Full Time)	\$125.00	
<input type="checkbox"/> DAILY (Part-Time)	\$16.00 per day	

**BEFORE AND AFTER SCHOOL CARE – Full time**

<input type="checkbox"/> ANNUAL	\$1500.00	<b>Payment Due: Aug. 9, 2024</b>
<input type="checkbox"/> MONTHLY	\$165.00	

***LATE PICK UP FEE begins at 5:31pm. Late pick up fees are due upon pick-up. (1-30 min. - \$20.00) (31-60 min. - \$60.00)***

### **PAYMENTS WILL BE DEDUCTED FROM YOUR FACTS ACCOUNT**

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## TERMS AND CONDITIONS SY2024-2025

**PLEASE INITIAL EACH ITEM LISTED TO VERIFY THAT YOU HAVE READ EACH ITEM.**

- \_\_\_\_\_ The Extended Care Program is licensed to accommodate no more than **(60)** students per day.
- \_\_\_\_\_ Parents are to notify in writing or by phone if child(ren) will not be attending the Extended Care Program for an extended amount of time.
- \_\_\_\_\_ After School Care services are available Monday – Friday unless communication is sent out by Administration in advance. A late fee will be charged for students who are not picked up promptly at dismissal and is due upon pick up on those specified days.
- \_\_\_\_\_ No credit is given for days when the child does not utilize the Extended Care Program.
- \_\_\_\_\_ Monthly payments are due by the 15<sup>th</sup> of each month for 9 months starting in September and ending in May. A late fee of \$25 per occurrence will be assessed on the 11<sup>th</sup> day of the month. The account must be paid in full by the last day of school **May 29, 2025.**
- \_\_\_\_\_ Daily fees will be billed the following month (i.e. September for August) and are due the 15<sup>th</sup> of that month. The account must be paid in full by the last day of school **May 29, 2025.**
- \_\_\_\_\_ Checks returned by the bank for insufficient funds will require future payments to be made in cash or money order. A fee will be charged for insufficient funds.
- \_\_\_\_\_ If tuition and /or any daily, late or overtime fees are not paid timely, parents may be required to remove their child(ren) from the program. A 30-day written notice is required if child(ren) withdraws from the program to allow space for other students.
- \_\_\_\_\_ The fee per child for Extended Care Services provided is charged regardless of the number of days the child attends.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



**Student & Parent Handbook Verification Form**  
**(Extended Care Program section)**  
**SY2024-2025**

Please sign and return by August 9, 2024 (*one application per child*)

I/We, \_\_\_\_\_, have read the St. Joseph Parish  
Parent/Legal Guardian Names (Printed)

School Student and Parent Handbook (Extended Care Program section) and agree to be governed by  
said stated policies.

\_\_\_\_\_  
Family Name (please print)

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent's/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Legal Guardian's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

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

Payment received: \_\_\_\_\_