

Star Care 2019-20 FEES

HOURS OF OPERATION

6:30 to 8:30 am 3:20 to 5:30 pm

PAYMENT PLANS - Nonrefundable registration per family is \$50.00

1 CHILD
AM/PM -\$250.00 Mo.

2 CHILDREN
AM/PM-\$425.00 Mo.

3 CHILDREN
AM/PM-\$600.00 Mo.

HOURLY RATES - Nonrefundable registration per family is \$50.00

6.00 Per hour - 1 child 10.00 per hour-2 children 14.00 per hour-3 children

1. Payments are due on the 1st day of each month.
2. MONTHLY FEES ARE AVERAGED OVER 10 MONTHS WHICH INCLUDES JUNE.
3. If a bill goes longer than 30 days without payment, the child may no longer be accepted at StarCare.
4. We are closed when the school is closed. (In-service, holidays & weather related closures and afternoons on some $\frac{1}{2}$ days.)
5. Billing is in half hour increments

STAR CARE Emergency form 2019-20

1. Child's Full Name _____ Nick Name _____
M or F Grade ____ Age ____ Birthdate _____ List any Allergies and/or Medical conditions: e.g. asthma, autism, diabetes, food allergies or sensitivity; and/or prone to nosebleeds -

2. Child's Full Name _____ Nick Name _____
M or F Grade ____ Age ____ Birthdate _____ List any Allergies and/or Medical conditions: e.g. asthma, autism, diabetes, food allergies or sensitivity; and/or prone to nosebleeds

3. Child's Full Name _____ Nick Name _____
M or F Grade ____ Age ____ Birthdate _____ List any Allergies and/or Medical conditions: e.g. asthma, autism, diabetes, food allergies or sensitivity; and/or prone to nosebleeds

Mother's name _____ Mother's Cell _____
Father's name _____ Father's Cell _____

Doctor _____ Phone _____ zip code _____
Insurance Company _____ Id# _____
Person responsible for insurance _____ Relationship to that child _____

StarCare is to be told if your child develops: LICE, STREP THROAT, PINK EYE, ETC. _____ initial/date

EMERGENCY CONTACTS: Someone who is able pickup your child in the event you can't.

1. Name _____ Home Phone & or cell _____
Relationship to child _____

2. Name _____ Home Phone & or cell _____
Relationship to child _____

I agree to the following for my child's participation in StarCare, a school age care program for students at Our Lady Star of the Sea School:

1. Non-refundable deposit of \$50.00 is due with first billing.
2. I will pick up my child no later than 5:30 PM. I will make other arrangements for picking up my child if I am unavailable to do. Also I will not drop off my child before 6:30 am. I understand extra fees will be due (\$5.00 for every 15 minutes either before or after regular hours.)
3. If not picked up by 6PM and StarCare has received no notice from parent/guardian; Child Protective Services will be called. _____ initial
4. I allow StarCare to take pictures of my child when used for school display. _____
5. I will personally drop off, sign in child and on pick up and sign out child except when I have written a note to the director giving written authorization for someone from my emergency list to pick up child from Star Care. _____ initial
6. I allow my child to go to Kiwanis Field to play or take walks with supervision _____ initial
7. StarCare will be held free and harmless from any and all injuries occurring to my child, except as to such injuries that directly result from acts of negligence on the part of StarCare. _____
8. In the event of any emergency, I give my permission to the StarCare staff to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to any medical treatment. _____ initial
9. If any default occurs in the making of payments, hereunder and such default continues for more than 10 days after written notice thereof, from Our Star of the Sea School StarCare to the parent, the entire balance shall become immediately due and payable. Should payment not be made when due or in the event of default, parent shall be responsible for the costs of collection, including reasonable attorney fees.