



The Extended Care Program at Southampton Academy is intended to provide learning enrichment as well as afternoon supervision for children 3 to 12 years of age who have registered and are enrolled on a **regular basis**. Extended Care on a “drop in” basis will only be available if the numbers for daily enrollment allow and must be requested in advance. Please call the Lower School Office to find out if space is available.

Students in Extended Care enjoy outdoor play and indoor activities, with time to relax, read, and do homework. Snacks are provided and a menu is posted. Pre-K and K students are escorted to the Extended Care area at the end of the school day. Students in grades 1st through 6th are dismissed to the Extended Care area by classroom teachers. Students must be picked up and signed out by the parent/guardian by 6:00 p.m. Students may not be released unattended to go to another part of campus.

Medications (prescription or otherwise) may not be administered by Extended Care staff. Exception: A MAT certified staff member may administer emergency medications. Emergency medications must be kept in a locked cabinet that prevents access by children. It is not guaranteed that a MAT certified staff member is on duty in extended care.

The Extended Care Program is licensed by the Virginia Department of Social Services and is subject to the regulations set forth in Standards for Licensed Child Day Centers. Specific guidelines are adhered to for the maximum number of students allowed, so space may be limited.

Extended Care Fees:

- ▶ \$4.00 an hour for registered Extended Care students
- ▶ \$6.00 an hour for “drop in” (not registered for regular attendance, see policies above)
- ▶ \$1.00 per minute late fee after 6:00 p.m.

If you require Extended Care for your child on a regular basis:

- ▶ Fill out and return the Registration and Information Form
- ▶ Include the \$15.00 Registration Fee
- ▶ Indicate which days of the week you require Extended Care

Student Name: _____ Grade: _____ Homeroom Teacher: _____

Family Data

Father's Name: _____ Home Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

*****School communications will be sent to your southamptonacademy.org email address.*****

Emergency Contacts *(Please list Physical Address—No P. O. Box)*

In case of illness/accident, or if the child has not been picked up by closing time and parents cannot be reached, please name two other adults who will be available during the day and will serve in place of parents.

Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Relationship to Child: _____

Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Relationship to Child: _____

Medical Data

Please list any allergies or medical instructions for your child: _____

Child's Doctor: _____ Phone: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Medical Authorization

In the event I cannot be contacted immediately, I agree that in case of accident/injury, emergency medical care may be given. Should it be necessary, my child(ren) may be transported at my expense to the emergency room of Southampton Memorial Hospital.

Signature of Parent/Legal Guardian: _____ Date: _____

Notification of Sickness Authorization

The school will notify the parent(s) when the child becomes ill and parent(s) will arrange to have the child picked up as soon as possible if requested by the school.

Parent(s) will inform the school within 24 hours (or next business day) if the child or an immediate family member develops a reportable communicable disease.

Signature of Parent/Legal Guardian: _____ Date: _____

Agreement to Extended Care Fees

By signing this agreement you agree to pay the \$15.00 registration fee along with hourly rates that apply.

Signature of Parent/Legal Guardian: _____ Date: _____

Days of the Week Requiring Extended Care on a Regular Basis: (Please Circle All That Apply.)

Monday

Tuesday

Wednesday

Thursday

Friday

_____ \$15.00 Registration Fee Paid