

St. David Extended Care Program – Willows
Rates & Information 2020-2021

HOURS

Willows hours are as follows:	Mornings	7:00 – 7:40 AM
	Regular Days	2:45 – 6:00 PM
	Mondays	2:30 – 6:00 PM
	Minimum Days:	12:00 – 6:00 PM

Willows is closed on school holidays and vacation periods.

Willows is closed the afternoon on the Wednesday before Thanksgiving.

Willows is closed the afternoon on the minimum day before Christmas break.

Willows is closed on the last day of school each year.

If your student is still at St. David school after 6:00pm, there will be a charge of \$1.00 per minute

TELEPHONE

The direct line to Willows is 510-232-2343. During school hours from 8:00am to 2:30 PM, call the school office at 510- 232-2283

FACILITIES

Willows is located in Rose Mello Hall at 871 Sonoma St. Entrance to the hall is located directly below the school office. Please park in the churchyard. **Daily sign-outs are required by state laws.**

ACTIVITIES

Depending on the enrollment, student interest, and available resources, the following activities are provided for the children who attend **Willows**:

- | | |
|----------------------|-----------------------------|
| * Outdoor recreation | * Indoor free play |
| * Occasional cooking | * Computer activities |
| * Organized Games | * Video days (G-Rated only) |
| * Arts and crafts | * Homework time |

Extended Care Application Form
2019-2020 School Year

Willows extended care begins the first day of school, **Wednesday, August 19, 2020**. All children not picked up by parents within 10 minutes after dismissal from school will be signed into Willows where they will remain until signed out by an authorized parent or guardian. **This year a willows application must be filled out by every St. David family.**

No charge for Willows on minimum days from 12:00pm to 2:45pm.

Please select a **Payment Plan** that best fits your family needs and turn in attached schedule *before the first* expected day of Willows use.

_____ **Non-Auto debit** (Rate: \$6.00/hour per child)

- Fill in schedule drop-off and pick-up times
- Families will be billed, September through June.
- Payment is expected by the 15th of the month and is considered late after that date.

_____ **Automatic debit** (Rate: \$5.00/hour per child) fill out new credit card information form.

- Fill in schedule of drop off and pick up times.
- Families will be billed, September through June.
- Credit Card will be charged on a set date each month.
- We will need card number, zip code, and expiration date.
- Must fill out new form each school year.

Willow's agreement statement

Please initial and sign the following:

_____ I understand that our extended care program ends at 6:00pm and I will be charged \$1.00 a minute past closure.

_____ I understand that if my prior month's bill is left unpaid my student may not participate in our after school care (Willows).

I have read and agreed to the terms and conditions of this document. I agree to pay the amount established by my school for the student(s) above by the specified due date. I agree to keep my information updated and current with the school.

Student's Name: _____ Grade: _____

Parent/ Guardian Signature: _____ Date: ____/____/____

Willows-Auto Debit form (Turn in directly to office)

Student information

Name (First & Last): _____ Grade: _____

Name (First & Last): _____ Grade: _____

Parent/Guardian Information

Name on the Card (First & Last): _____

Phone Number (House): _____

Phone Number (Cell): _____

Payment information

- Visa
- Mastercard
- Discover
- American Express

Credit card number: _____ Expiration Date: ____/____/____

Zip code: _____

Agreement Statement

Please **initial and sign all** the following:

_____ I Authorize St. David School to automatically debit my extended care payments to the credit card provided above. I agree these payments will be debited once a month between the months of September through June.

_____ I understand that our extended care program ends at 6:00pm and I will be charged \$1.00 a minute past closure.

_____ I understand that if my prior month's bill is left unpaid my student may not participate in our after school care (Willows).

I have read and agreed to the terms and conditions of this document. I agree to pay the amount established by my school for the student(s) above by the specified due date. I agree to keep my information updated and current with the school.

Parent/ Guardian Signature: _____ Date: ____/____/____