

# C I D CENTRAL INSTITUTE FOR THE DEAF

## EXTENDED DAY PROGRAM 2022-2023

The CID school day begins at 8:30 a.m. and ends at 3:00 p.m. each day. Because we realize that parents sometimes have schedules which conflict with these times, CID provides an **Extended Day Child Care Program** to help meet the scheduling needs of our parents. The program is provided from 7:30 to 8:30 a.m. and from 3:00 to 5:30 p.m. Parents may choose to enroll their child in the Before School Program, the After School Program, or both. Parents requiring extended day childcare **MUST** enroll their child and pay each entire month's fees in advance.

Because we must staff for the number of children that we expect, a written schedule must be submitted for all children who enroll in the **Extended Day Child Care Program**. Unless you contact the office in advance, you will be charged for the days that you indicate your child will be present in extended care. If any information changes during the year, please inform the school office.

Monthly payments will be paid nine times, with August and September comprising just one monthly fee. Payment due dates are as follows:

**August 22   October 1   November 1   December 1   January 1   February 1   March 1   April 1   May 1**

The table below provides the fee information:

Extended Day Program	Time	Daily Rate	Monthly Fee
Before School Care	7:30-8:30 a.m.	\$5.00	\$40.00
After School Care	3:00-5:30 p.m.	\$25.00	\$145.00
Before & After School Care	7:30-8:30 a.m./3:00-5:30p.m.	\$30.00	\$175.00

If you will need childcare, either regularly or occasionally, please complete and return the following form. It is very important that we have information on file for emergency contact and for authorization purposes.

Please note that parents who require extended day childcare on an occasional basis **MUST** notify the school office and pay the daily fee **NO LATER** than 8:30 a.m. on the day that childcare is needed. This policy recognizes that parents may have an occasional conflict while allowing CID enough time to hire additional staff as necessary.



-----Please cut here and return the bottom portion to the school office-----



Child's name:

**CHILDCARE NEEDS:** Please place an "x" to indicate the type and days of extended day services you will be using.

**Before School only**

**After School only**

**Before and After School**

**Occasional Use**

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

**Parents/persons designated on the authorized pickup form will be required to sign out when picking up a student.**

Please list any medications and the prescribed dosage to be administered during Before or After School Care:

I understand that I must prepay for childcare. I understand that my signature gives CID staff permission to administer the designated medication during childcare hours.

Parent's Signature:

Date: