

CAPITAL CHRISTIAN SCHOOL

9470 Micron Avenue – Sacramento, CA 95827 – (916) 856-5600
Extended Day Ministries (916) 856-5627 – Elementary (916) 856-5633 – Middle School (916) 856-5622

Extended Day Ministries (E.D.M.)

K - 8 E.D.M. PARENT COMMITMENT FORM

HOURS: 7:00am-8:00am & 3:00pm-6:00pm

FEES:

Full-time (more than 10 days) - \$150 per month, billed September-May
Emergency use (up to 10 days per month) - \$15 per day, billed August-May
Monthly fees are to be mailed or brought to the tuition/billing office.

SUMMARY OF POLICIES:

The elementary E.D.M. room (A24) has a computerized check in/out system. Every adult responsible for checking a child in or out must choose a four-digit security code and keep it on file in the E.D.M. office.

Middle School (MS) students will sign themselves in and a responsible adult must sign them out. MS students may sign themselves out if the MS E.D.M. coordinator has a signed letter on file from the responsible adult stating the time the student can be released.

Students dropped off before 8:00am without being checked in will be billed an additional \$2 fee per occurrence.

Students not picked up from school by 3:15pm will automatically be checked into the E.D.M. program. Students that are picked up from school AND checked out before 3:30pm will not be charged. Students must be properly checked out or you will be billed. If a student is not picked up by 6:00pm, a \$1 charge, per child, PER MINUTE (or portion of a minute thereafter), will be assessed. The E.D.M. clock will be used to determine the exact time.

Students will only be released to persons listed on the emergency card (be prepared to show valid I.D. upon request).

Middle School Athletes - E.D.M. services will be provided before and after a practice or game at no charge **only** during the athlete's season of participation. This provision applies **only** to scheduled practice or game days.

WITHDRAWALS:

Two-week written notification is required for withdrawal of student(s). The parent responsible for the account must complete a written withdrawal form to withdraw a child.

THE UNDERSIGNED AGREE TO:

- Abide by all E.D.M. policies.
- Cooperate with the E.D.M. Director and staff and be supportive of the program.
- Check student(s) in and/or out daily.
- Meet with the E.D.M. Director if your student's behavior is unacceptable.
- Understand that removal from the E.D.M. program is an option for unacceptable behavior.
- Be responsible for all fees and monthly charges (full/emergency) even if daycare has not been utilized as originally indicated.

This form must be signed & returned to the E.D.M. office before your student(s) attend the program.

Father's/Guardian's Signature Four-Digit Code _____
Mother's/Guardian's Signature Four-Digit Code

Address City State Zip Code

Child's Name: _____ Grade: _____ Please Check One: Full-time E.D.M. Part-time E.D.M.

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