



**PRE-KINDERGARTEN
EXTENDED DAY PROGRAM AGREEMENT & PERMISSION FORM**
Extended Day E-mail: extdavstclem@gmail.com or call (518) 584-7350

I hereby give permission for my child to participate in the Pre-K Extended Day Program

_____ (child's name)

FEE SCHEDULE

\$7 per child per hour to be paid prior to use

Hours available: 8am-9am & 2pm-5:30pm (Monday through Friday)

I will notify Mrs. O'Toole, Mrs. Dalto, Mrs. McFadden, or Mrs. Moreau in writing of daily dismissal plans.

Check all that apply:

☐ My child will stay from _____ to _____.

☐ My child will stay on **Mondays Tuesdays Wednesdays Thursdays Fridays.**

EMERGENCY CELL PHONE NUMBER: _____

The **ONLY** people who have permission to pick up my child are: (Changes must be submitted in writing)

1. _____ Relationship _____ Phone # _____
2. _____ Relationship _____ Phone # _____
3. _____ Relationship _____ Phone # _____

I will ensure that my child will be picked up **NO LATER THAN 5:30 PM**. If I am unable to arrive by 5:30PM, I will make arrangements for one of the above people to pick up my child(ren). I understand that my account will be charged \$5.00 per child for each 5 minute interval, or part thereof, for pick ups after 5:30 PM.

Prior to taking my child home, I shall notify one of the adults-in-charge of the program and sign my child(ren) out for the day.

I agree to the above program requirements. **Retain one (1) copy of this agreement for your records.**

Parent/Guardian Signature Printed Name Date