



AEEC Extended Care– Grades K4-6

Mission: ECS offers extended care to students K4 to grade 6 for parents who need care provided either before or after school. Our mission is to provide a service with people who have a desire to provide a loving and caring atmosphere, in a controlled environment.

Hours of Operation

The extended care program is available Monday-Friday when school is in session and on early dismissal days. When school is not in session, ECS will provide a full day of service, with the exception of the following holidays: New Years Eve, Memorial Day, July 4th, Labor Day, Thanksgiving Holiday (Thurs & Fri), Christmas Eve and Christmas Day.

Fees

Please refer to the ECS Financial Agreement for an explanation of our fees. The center closes at 6:00 p.m. sharp and a late fee is charged per student for each fifteen minutes or fractional part thereof after 6:00 p.m.

Extended Care Policy

- Each student must be checked in & out daily
- No student will be released by staff en-route (i.e. walking from main school to the preschool). Only after students reach their destination will they be released.
- Any and all persons authorized to pick up a child must be on file. Anyone else will be refused.
- No Authorizations will be accepted over the phone. All authorizations must be in writing by the parent or guardian.
- Persons not recognized by the office personnel will be asked for identification.
- To deter a parent who does not have legal custody of a student from taking them off premises, legal custody papers must be on file at the preschool.

Student Information

Student's Name: _____
(Last Name) (First Name)

Teacher's Name: _____ Current Grade: _____

Date of Birth: _____ Age: _____ Gender: Male or Female

List any allergies & other medical information: _____

Parent Information

Father's Name: _____ Employer: _____

Work #: _____ Cell# _____ Home #: _____

Mother's Name: _____ Employer: _____

Work #: _____ Cell# _____ Home #: _____



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Emergency Contact Information

Contact #1: _____ Phone #: _____ Relationship: _____

Contact #2: _____ Phone #: _____ Relationship: _____

Contact #3: _____ Phone #: _____ Relationship: _____

Including the emergency contacts listed above, the following are permitted to pick up my child(ren):

Name

Address

Work #

Cell#

1. _____

2. _____

3. _____