



EXTENDED BEACON CARE PROGRAM

We are excited to offer an EBC (Extended Beacon Care) program here at Beacon Christian School. We have put together a program that we hope your children will love and enjoy while making good use of their extended day hours.

Hours:

Before School Hours	7:15 a.m. to 8:15 a.m.
After School Hours	3:30 p.m. to 6:00 p.m.

Fees:

Morning/Day	One Child	Two or More Children
Morning	\$5.00	\$10.00
Afternoon	\$5.00/hour	\$5.00/hour/child
DROP IN RATE (without notice)	\$10.00/hour/child	\$10.00/hour/child

Late Fee:

Note that there is a late fee of \$5.00 for every 15 minutes after the allotted time you have requested your student to be in the EBC. We will be understanding in extreme weather conditions or emergency circumstances, but please try to pick up your student(s) on time.

Payments:

A monthly invoice will be sent to parents via email. Payment is via pre-authorized withdrawal on the 15th of the month following. Provide the school with a VOID cheque or complete a pre-authorization form at the office if you have not already done so.

Daily Schedule:

At 3:15pm, all students are dismissed outside to the playground. At 3:30pm the bell will ring and those children in the EBC program, as well as those children who have not been picked up, will be directed to the Library. Children are not be left unattended in the front lobby. See the above Fees for details.

Our daily program will include: Attendance, gym, snack, homework room, activities, outdoor play, special activities (including crafts, board games, computer lab, movies, reading time etc).

We will **meet in the Library** where attendance will be taken. There will also be a sign out sheet for parents/guardians in order to take your student(s) home with you.

The front door is locked at 4:00pm. Please ring the doorbell to be let in. It may take a few minutes for us to open the door as we may not be in the library.

Snack and Outdoor Play:

Each day after school, we will have attendance followed by time in the gym or outdoor play. Please ensure that your student has the appropriate clothing for outdoor weather.

Homework Room/Time:

Each day, we will offer a quiet time for students to work on homework for those who choose to participate. Most of the older students will know they need to make use of this time. If you have a younger student that you would like to make use of this opportunity, please let us know. This would also be a time your student can make use of technological devices if they choose.

Gym Activities:

There will be time throughout the week where we may also use the gym. We will have a variety of cooperative games, as well as, some space to have free time of a variety of sports.

Movies:

Approximately once a week, we will be showing a movie. We have a small collection of movies at the school, but if you own a movie you feel the students would enjoy and would be willing to loan us, please let us know.

Conditions of Use: *The service is a pay by the month service. Attendance will be taken by the Director. It is mandatory for guardians to sign out students of this program. Guardians may use the service on an occasional basis so long as there is room. Payment is due upon receipt of an invoice and parents who do not keep their account current may be denied service.*

Beacon Christian School

EXTENDED BEACON CARE (EBC) - REGISTRATION FORM

The EBC program involves organized, supervised care for students staying before and after school (ie. Recreational time either indoors or outdoors, as well as quiet time to read or complete homework. Interested guardians must register all children annually.

If this program interests you, please indicate by filling in the box:

MORNING: Days of the week required: Mon Tue Wed Thu Fri (circle)

AFTERNOON: Days of the week required: Mon Tue Wed Thu Fri (circle)

FULL DAY: Days of the week required: Mon Tue Wed Thu Fri (circle)

Contact Information:

Names of Parents: _____

Address: _____

Telephone Numbers: Home Phone: _____

Contact 1's Work: _____

Contact 1's Cell: _____

Contact 2's Work: _____

Contact 2's Cell: _____

Email address(es) _____

Alternate Emergency Contact: _____

Names & Grades of children: _____

Please detail things we need to know (special arrangements, medical information, allergies other).

Indicate the TIME you are picking up your child(ren). _____

PARENTAL SIGNATURE(S): _____

DATE: _____

NEW!! Payment Options: All payments are done via pre-authorized payment on the 15th of the following month.