



K4 – 8th Extended Care Program

Extended Care services are available from 3:00 p.m. to 6:00 p.m. daily during regularly scheduled school days in the Ogle Building. All students remaining on campus after dismissal and not participating in a school sponsored activity at 3:00 p.m. must be registered in and attend the K4 - 8th Grade *Extended Care* program.

All students attending *Extended Care* must have a current *Extended Care Enrollment and Emergency Information form* completed before attending *Extended Care*.

Program

- Students will
 - have time to work on and complete homework assignments, study for upcoming assignments, etc.
 - be provided with a daily afternoon snack.
 - Have time to play games, times of recess, etc.

Fees

- **Full-Time *Extended Care*** is available for a monthly fee of **\$200**. Full Time enrollment includes unlimited access to morning and afternoon care on regularly scheduled school days.
- **Part-Time *Extended Care*** is available on an as needed basis. Part Time *Extended Care* is \$12 for each day attended.
- Participation level (full or part time) must be selected at the time of enrollment within the program. In the event of an emergency or unplanned need for the extended care program, students are welcome to attend. Families will be sent the appropriate paperwork afterwards and accounts will be charged as necessary.
- Fee includes a daily snack provided.
- All fees are assessed via the student's FACTS account.

It is important that you be on time in picking your child up from Extended Care due to staffing needs and requirements. The LATE FEE for students being picked up after 6:00 p.m. is \$10 from 6:01-6:10 p.m. and \$1 per minute after the initial \$10 LATE FEE. The LATE FEE will be added to your FACTS account.

If you have any questions concerning *Extended Care*, please contact Sonya Mink through the school office at 865-573-8321 or smink@thekingsacademy.net.



K4 – 8th Extended Care Program
Enrollment and Emergency Information Form

Student Name: _____

Student Grade: _____

Extended Care Enrollment Status

_____ Part-time (\$12 a day)

_____ Full-time (\$200 a month, \$10 a day)

Contact Information

Mother's Name: _____

Phone Number: _____

Father's Name: _____

Phone Number: _____

Emergency Contact #1 Name: _____

Emergency Contact #1 Phone Number: _____

Emergency Contact #2 Name: _____

Emergency Contact #2 Phone Number: _____

Medical Information

Insurance Provider: _____ Name on policy: _____

Group Number: _____ Policy Number: _____

Child's Physician: _____ Phone Number: _____

Please list any allergies that Extended Care staff needs to be aware of:
