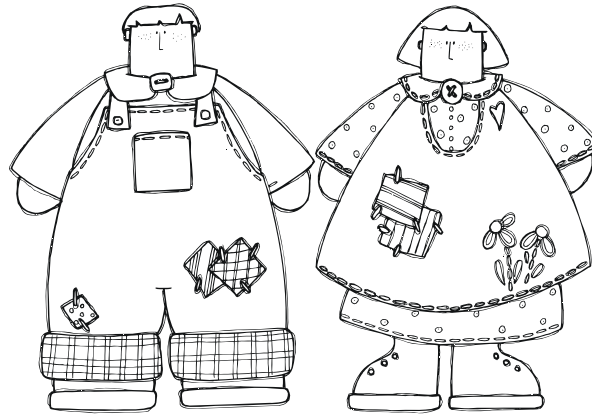


Saint Bernard's Catholic School

Day Care Program

111 S. Montgomery Street
Watertown, WI 53094



Letter of Understanding

Dear Parent,

Please read, sign and return this letter. This ensures you that you understand your responsibilities in enrolling your child/ren in the Program.

A. FINANCIAL

1. I agree to pay for each session for which my child/ren attends by the due date. I understand that I may forfeit my reserved space in the program if all fees due are not current.
2. I agree to pay overtime fees of \$1.00 for each minute whenever my child/ren is/are cared for before or after center hours. I understand that this amount will be added on to my monthly bill. I also understand that I may be asked to remove my child/ren from the program if overtime becomes habitual.

B. HEALTH AND SAFETY

1. I understand that children must not be left on school grounds without supervision. I agree to walk my child/ren into the Extended Care room each day to be sure a member of the staff is present before releasing my child/ren in the mornings. I will be sure that my child/ren is/are always signed in and out. I am knowledgeable of the program hours of operation.

2. I understand that all required forms must be completed and on file and the \$ 40.00 registration fee must be paid before my child/ren can attend.
3. I understand that no child can be released to anyone except custodial parents without written permission. I agree to give a list of all persons authorized to pick up my children.
4. I will communicate with the School/Extended Care staff as to where my child/ren will be if it is a departure from the regular schedule.
5. I understand that no medication will be administered without written permission from parents and all prescription medications must be in the original container.
6. I understand that the Extended Care Program has supplementary accident insurance. This insurance is intended to cover accidents that cannot be covered by family insurance.
7. I understand that program groups will occasionally go on field trips and that specific information on these will be furnished. I agree that my child/ren can participate in these unless I notify otherwise in writing. I understand that there may not be alternate care for my child/ren on field trip days and agree to make plans accordingly.
8. I agree to support and reinforce rules and procedures that concern the health and safety of my child/ren.
9. I understand that I may be asked to withdraw my child/ren if their behavior patterns threaten their own health and safety or those of other children.
10. I understand that my child/ren cannot attend if she/he/they have any illness that threatens the health of other children and that Health Department regulations concerning periods of infections will be enforced.

C. COMMUNICATION

1. I will return all forms promptly on or before the date due.

Signature

Date