The after-school *Extended Day for Rosebud* and *Aftercare for Kindergarten through Sixth Grade* is intended for the use of parents who need care for their children beyond the school day. These programs require pre-registration. An exception for emergencies or unusual circumstances that prevent a parent from arriving by 3:15 pm for pick-up is allowed, however, parents must please notify the office so that staff is prepared for your child.

Please send a healthy snack for your child. Snacks are not provided by the Extended Day and Aftercare programs.

**Aftercare Day Program Fees**

<table>
<thead>
<tr>
<th>School Days: 3 – 5pm</th>
<th>Rosebud Garden</th>
<th>$9 per hour; $5 per hour for subsequent children</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Days: 3:15 – 5:30 pm</td>
<td>Kindergarten-Grade 6</td>
<td>$9 per hour; $5 per hour for subsequent children</td>
</tr>
</tbody>
</table>

- A $25 late fee will be charged for pickups after 5pm for Rosebud Garden or 5:30 pm for K-6.
- Drop-ins for emergencies or any other reason will be billed a rate of $15 per hour.

All who are planning to have their children attend the Extended Day or Aftercare Program must fill out this registration form and return it to the Business Office.

Please complete a separate form for each child attending.

Student Name: __________________________________________________ Grade: __________________

Please enroll my child in the Extended Day/ Aftercare Program on the following days:

- [ ] Five Days: [ ] Monday through Friday
- [ ] Four Days: [ ] Mondays [ ] Tuesdays [ ] Wednesdays [ ] Thursdays [ ] Fridays
- [ ] Three Days: [ ] Mondays [ ] Tuesdays [ ] Wednesdays [ ] Thursdays [ ] Fridays
- [ ] Two Days: [ ] Mondays [ ] Tuesdays [ ] Wednesdays [ ] Thursdays [ ] Fridays
- [ ] One Day: [ ] Mondays [ ] Tuesdays [ ] Wednesdays [ ] Thursdays [ ] Fridays

Parent One’s Name and Telephone Number(s) during the school day:

_______________________________________________________________________________________

Parent Two’s Name and Telephone Number(s) during the school day:

_______________________________________________________________________________________

Names and Telephone Number(s) of all adults authorized to pick up student:

_______________________________________________________________________________________

Please describe any allergies or additional medical conditions that we should be aware of in order to best care for your child.

_______________________________________________________________________________________

PO Box 350, Kimberton, PA 19442 * 610.933.3635 x128 * Enrollment@Kimberton.org * Fax 610.300.5488

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