



Welcome to the HCCS Extended Day Program! Our program is designed to provide child care for school-age children ages 3-12. The program is a State Licensed, non-profit organization. To register your child you will need:

- \_\_\_\_\_ Completed Registration Contract
- \_\_\_\_\_ Completed Payment Plan
- \_\_\_\_\_ Completed Medical/Consent Form
- \_\_\_\_\_ Signed Discipline Policy Form
- \_\_\_\_\_ Signed CACFP Reimbursement Form

The program is open, before and after school, school holidays, and summer vacation days. The program is closed the following holidays: LABOR DAY, THANKSGIVING DAY AND THE DAY AFTER, CHRISTMAS DAY, NEW YEAR'S DAY, GOOD FRIDAY, MEMORIAL DAY AND INDEPENDENCE DAY. (If the program closes any other day, parents will be notified as soon as possible.)

BEFORE AND AFTER SCHOOL: M-F (7:00AM-8:00AM)-(2:30PM-6:00PM)

SCHOOL HOLIDAYS/SUMMER VACATION: M-F (7:00AM-6:00PM)

FULL DAYS ARE HELD AT THE HOLY CROSS CAMPUS

HOLY CROSS CATHOLIC SCHOOL  
1331 N. MIRANDA  
LAS CRUCES, NM 88005 575-526-2517  
DIRECTOR/ LILI BATES  
[lbates@lascrucescatholicsschool.com](mailto:lbates@lascrucescatholicsschool.com)



**EXTENDED CARE REGISTRATION CONTRACT**

**NAME OF CHILD:**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of School Children Are Attending: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

NAME: \_\_\_\_\_ DAY/CELL: \_\_\_\_\_ EVENING: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ DAY/CELL: \_\_\_\_\_ EVENING: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**AUTHORIZED INDIVIDUALS TO PICK UP CHILD:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_



**EXTENDED CARE PAYMENT PLANS**

___ FULL TIME BEFORE/AFTER SCHOOL	\$100.00-WEEKLY
___ PART TIME AFTER SCHOOL*	\$10/\$20
___ PART TIME BEFORE SCHOOL	\$10.00 PER MORNING
___ CYFD CONTRACTS	MONTHLY CO-PAYMENT
*Note* School Holidays/No School Days	\$30.00-DAILY

\*After school will be \$10 up to 3:30pm and after 3:30pm it will be at the \$20 rate.

**10% Discount Applies for Each Additional Child Enrolled**

**I Understand That: (Please Initial)**

\_\_\_ A fee of \$25.00 will be charged for a returned check returned for any reason.

\_\_\_ A fee of \$2.00/day will be charged for accounts delinquent 7 days after the statement due date. Any fees not paid within **15** days of statement will result in **suspension** of child care services, until fees are paid. After **30** days child care services will be **terminated**.

\_\_\_ Registration forms need to be completed before child can start the program.

\_\_\_ A late fee of \$5.00 will be added if child is picked up five minutes after 6:00pm. \$1.00 will be added for each additional minute after 6:05pm until child is picked up. **Recurring late pickups will result in disenrollment.**

\_\_\_ The Extended Care Program does not provide yearly statements and totals for tax purposes. Please keep your receipts and cancelled checks for your records. We will provide the school tax ID# as needed.

\_\_\_ I have read the parent/child handbook and understand the policies and procedures. The HCCS Policy Handbook is available online at [www.lascrucescatholicsschool.com](http://www.lascrucescatholicsschool.com).

**GUARANTOR INFORMATION:**

NAME: \_\_\_\_\_ DAY/CELL: \_\_\_\_\_ EVENING: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DOB \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ DAY/CELL: \_\_\_\_\_ EVENING: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DOB \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**I agree to the payment plan selected above and I am aware that all services will be paid on or before the due date.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



**PHOTOGRAPH RELEASE:**

I release Holy Cross Catholic School Extended Care Program to photograph and/or videotape my child/dren while participating in daily activities, and to use the photographs and/or videos in photograph displays, program website or other publications showing these activities.

\_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_  
Date

**MEDICAL INFORMATION:**

Name of child's physician or clinic: \_\_\_\_\_

Physician or clinic address and phone: \_\_\_\_\_

Name of Medical Insurance: \_\_\_\_\_

Special physical conditions/allergies we should be aware of: \_\_\_\_\_

**CONSENT TO MEDICAL TREATMENT:**

I/WE, \_\_\_\_\_, hereby give permission that my child(list name/s), \_\_\_\_\_ may receive emergency treatment, to include first aid and CPR by a qualified staff member of Holy Cross Catholic School Extended Care Program. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed by my child's regular physician, or when the physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further authorize Holy Cross Catholic School Extended Care Program to take my child to a hospital and I agree that I will pay all physicians and hospital bills, and said center shall not be responsible for them.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**TRAVEL CONSENT:**

I, the undersigned, grant permission for Holy Cross Catholic School Extended Care Program to transport my child to any of the program's scheduled activities, field trips, or authorized school pickups under the supervision of the programs' staff.

Parent/Guardian Printed Name: \_\_\_\_\_

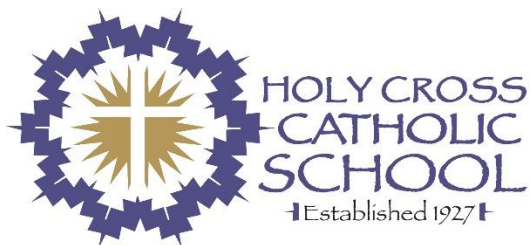
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorized relative who will assure responsibility for the child in the case of illness/accident until you can be reached:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



## HOLY CROSS CATHOLIC SCHOOL EXTENDED CARE DISCIPLINE POLICY

Dear Parents,

The following are requirements of the Child Care Licensing Bureau, please read carefully and sign and date below, that you understand the outlined disciplinary practices and that you agree with them.

### SERVICES AND CARE OF CHILDREN

**Discipline means training that enables the child to develop self-control and orderly conduct in relationship to peers and adults.**

Discipline shall be clear and understandable to the child, consistent and explained to the child before and at the time of any disciplinary action.

Discipline shall include positive guidance, re-direction and the setting of clear-cut limits, which foster the child's own ability to become self-disciplined.

Positive discipline may include brief, supervised separations from the group or withdrawal of special privileges such as playtime with the other children.

The **following disciplinary practices are prohibited** in facilities licensed pursuant to these regulations:

Physical punishment of any type.

Withdrawal of food, rest or bathroom opportunities.

Abusive or profane language.

Any form of public or private humiliation, including threats or physical punishment.

Unsupervised isolation of child.

Any other type of punishment that is harmful to the physical, emotional and mental health of the child.

I have read and understand the above disciplinary practices put forth by the Licensing Bureau of New Mexico. I agree that the above disciplinary practices should be implemented by the Holy Cross Catholic School Extended Care program.

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Signature of Parent/Guardian

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Date

**During the Extended Care program your child will be involved in different activities and groups while in our care. For this reason you child will be asked to put away their electronic device or leave it at home. Your child be allowed to use their electronic device during designated times as assigned by staff. Holy Cross Catholic School Extended Care program is not responsible for broken, lost or stolen items.**

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Signature of Parent/Guardian

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Date