



6915 BRADDOCK ROAD
SPRINGFIELD, VA 22151
(703) 941-1220

ICS Extended Care Enrollment Instructions For Teacher Work Days

The ICS Extended Care Program is offering additional Extended Care on Teacher Inservice and Workdays as well as some additional days for the 2012-2013 school year.

Dates for Additional Extended Care (8:00am-4:00pm):

Teacher Inservice/Workdays:

Friday, November 2
Monday, November 26
Monday, January 28
Tuesday, January 29
Friday, April 12
Friday, June 7

Additional Days:

Wednesday, November 7 – Parent Teacher Conferences (Drop off will be in the Youth Room)
Thursday, November 8 – Parent Teacher Conferences (Drop off will be in the Youth Room)
Friday, November 9 – Parent Teacher Conferences (Drop off will be in the Youth Room)
Monday, April 1 – Monday after Easter

Registration is on a first-come, first-serve basis. There are a limited number of spaces available. You are being given advance notice of this opportunity because of you are currently enrolled in the Extended Care Program. If you enroll in all days offered, your payment of \$425.00 will be added to your FACTS. We are also offering the option to enroll for individual days, with 48 hours notice. The charge for an individual day is \$60.00 per child. This must be paid, by cash or check, 48 hours prior to the use of this service.

Note for Kindergarten: The last day for Kindergarten is Wednesday, June 5. There will be no additional Extended Care offered.

If you have any other questions, please feel free to contact me at brenda.rayburn@icsva.org for additional information.

By His grace and mercy,
Brenda Rayburn
Director of Extended Care and Sixth Grade Teacher
Immanuel Christian School
703-941-1220



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ICS Extended Care Registration



Please enroll the following students in the Immanuel Christian School Extended Care Program for the additional days.

Child's Full Name	Gender	Grade in 2012-2013	Birth Date

Please provide the following information as applicable.

	First Name	Last Name	Contact Information
Father			Daytime Phone: Cell: Email:
Mother			Daytime Phone: Cell: Email:
Guardian*			Daytime Phone: Cell: Email:
Authorized to Pick-Up	1. 2. 3. 4.		

* In the case of guardianship, please explain the relationship to the child(ren) and provide name and city of residence of natural parents. Parents/Guardians are responsible for updating contact information with the Extended Care Director.

If you have any questions regarding the Extended Care Program or this form, please contact Brenda Rayburn at (703) 941-1220 or email: brenda.rayburn@icsva.org (See next page)

ICS Extended Care for Additional Days Parent Agreement



Fee: Fees for this additional service are nonrefundable.

Payment: Payment will be added to your tuition payment.

Returned Checks: As a result of a returned check, your account will be assessed a charge for the amount of the returned check, as well as a \$25.00 returned check fee. Additionally, the use of personal checks for payment may be revoked, and future payments will only be accepted in the form of cash, money order, or cashier's check.

Withdrawals: Deposit and the fee are nonrefundable.

Hours of Service: 8:00am - 4:00pm

Late Pick Up: If a child is picked up after 4:00pm, a late fee of \$15.00 will be applied every 15 minutes or fraction thereof. **Late fees must be paid by cash or check at the time of pick up. No exceptions.**

Parent/Student Handbook: All general discipline policies outlined in the ICS Parent/Student Handbook apply.

Sick Policy: Any child with a fever, vomiting, or other serious health condition must be picked up by a parent or other authorized individual and will not be allowed to attend Extended Care. The same health rules as school attendance apply.

Continual Conflict: In the event that a child or the parent of a child continually causes disagreements, conflicts, strife, or arguments, the child shall be dismissed from the Extended Care program without legal recourse. Withdrawal and dismissal policies apply.

Legal Fees: All legal fees, collection fees, attorney's fees, collection costs and any additional fees incurred by the school in an effort to settle disputes connected to this account shall be the sole responsibility of the parent or guardian for which this agreement is made.

Arbitration: If a legal issue, disagreement, conflict, problem, injury, injustice, or any other legal dispute should arise between the school or one of its agents and a child or parent of a child, it shall be referred to binding arbitration with a non-partial arbitration party (to be mutually agreed upon) for the settling of all issues.

ICS Extended Care Additional Days Payment Worksheet



ICS Extended Care Additional Days Fee Computation						
<u>Additional Days</u>		<u>Annual Cost</u>		<u># of Students</u>		<u>Subtotal</u>
(All 10 days)		\$425	x		=	\$
<u># of Individual Days</u>		<u>Cost per Day</u>		<u># of Students</u>		
	x	\$60	x		=	\$
				TOTAL COST	=	\$

If you are enrolling for individual days, please list the dates below that you will be using*:

_____	_____
_____	_____
_____	_____
_____	_____

* If you plan to sign up for more than 7 individual days, it is more cost effective for you to pay the annual cost.

By signing below I understand the fee is non-refundable, and I agree to pay the fee using the same payment method as the tuition. I have read the parental and payment agreement and fully agree to abide by the policies as set forth in its entirety. I understand that this parental/payment agreement will be strictly enforced. I agree to pay all financial obligations to Immanuel Christian School promptly and in a timely manner. I agree to uphold the rules and regulations of Immanuel Christian School as set forth in the Parent/Student Handbook. Also, in signing this agreement, I give consent for my child to participate in all regular Extended Care activities unless I notify the administration in writing otherwise. I understand the school will keep me informed of special activities well in advance. I also agree not to bring/leave my child in extended care if full payment of my balance has not been made by the due date.

Name of Responsible Party (please print): _____

Signature: _____ Date: _____

Please return this form to Brenda Rayburn, Extended Care Director.