

Extended Care Form

Morning/Afternoon Care Form Must Be Completed for all Students Through PK 2 - Grade 8, even if it is not intended to be used, in case emergent care is needed.

Student Name(s) _____

Grade(s) Entering _____

Broadwater's Extended Day Program is committed to extending to the children, enrolled in it's care, guidance that is consistent with our school mission. Extended day provides careful supervision of children in an environment that fosters self-esteem and friendships while providing enjoyable social play and study activities.

Program Requested (Select the Box(es) that Apply)

Morning Care (7:30 - 8:00 AM)

Afternoon Care (3:25 - 5:30 PM)

I Am Not Requesting a Program at This Time.

If the student(s) are not picked up by 5:30 PM each day then a late fee will be applied. The time of pick-up will be recorded for each student. If contact with the family has not been made by 6:00 PM then Northampton County Social Services will be contacted.

Extended Care Program Policies

- I certify that my child is physically fit to take part in all activities. I will not hold Broadwater Academy responsible in case of accident or injury as a result of participation. (Please list any limitations or restrictions)
- I give authorization for my child to participate in field trips unless otherwise noted on permission slips.
- I understand that Broadwater Academy will notify me as soon as possible if my child should become ill and I agree to pick up my child as soon as possible.
- I understand that the order of actions taken will follow the outline below unless there is need for immediate action, but will not be limited to these actions:
 - A. Parent/guardian will be called.
 - B. Child's physician will be called.
 - C. Emergency contacts will be called.
 - D. If none of these efforts are successful:
An ambulance will be called.
The child will be taken to the emergency room of the nearest hospital accompanied by a Broadwater Academy staff member. The authorized staff member may obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to the child.
- In the event of a medical emergency, I hereby authorize Broadwater Academy to take the necessary measures to have my child treated and I agree for any medical expenses incurred.

I hereby agree to and understand the Extended Care Program Policies and have marked to the best of my knowledge which program my child will need for the school year.

Parent Signature

Date