## **Extended Hours Program**

970-241-3603 (Main Office) 970-241-3523 (Fax) office@extendedhoursprogram.com

## **Extended Hours Program Policies for Families Receiving CCCAP**

Please initial each line that you have read and understand our policies. Your registration will not be complete until this form is completed and returned to Extended Hours.

Paren	t Signature d Name	Date		
	t Signature	 Date		
** I ha				
** 1	ave read and underst	and all of the above st	ated policies.	
		s) will not be accepted.	nato di malinia a	
	the difference in rate.	Extended Hours will only b	e providing Full Day options for non-school days. Half	
			er for Extended Hours Program to receive Full Day .01 hrs, parent/guardian will be charged \$10.00 to cover	
		cuse absence. If doctor's r	note is <b>NOT</b> provided, parent will be responsible for	
	child is able to attend a		ffice by 8:00 AM the day of care and provide doctor's	
	attend. This charge is n	ot covered by CCCAP and is	any Full days that child is scheduled but does not s not included in the parent fee. <b>Payment is due before</b>	
	for private payment for	the day. Full Day fees for I	ellations are not accepted and parent will be responsible private pay are \$34 per child per day.	
			othorized at Full Day location.	
			ull Day request and location prior to the Full Day	
	Parent is responsi	ble for submitting a Full Da	ay reservation form to request care for non-school days.	
	Policies for Care on Ful	l Days/Non-School Days		
			at in the ATS system and manual check out sheet at drop parent/guardian fails to properly check child in and out	
	attending. Any unautho		care through CCCAP caseworker prior to child private pay charge due to parent/guardian. Private pay	