



Extended Care

2025-2026



3702 Pender Dr #140, Fairfax, VA, 22030
etcphoenixschool@gmail.com
www.etcphoenixschool.com

Extended Care 2025-2026

Days of Operation: Monday-Friday when school is in session

Hours of Operation:

AM: 7:30AM- 9:00AM

PM: 3:00PM- 5:00PM

Snow Days: We follow Fairfax County Public School closings and delays. If the opening of the school is delayed one hour; AM Extended Care will be delayed one hour (opening at 8:30 am), and if the opening of school is delayed two hours; AM Extended Care will be delayed two hours (opening at 9:30 am). PM Extended Care is CLOSED on early dismissals due to inclement weather.

Holidays: There will be no Extended Care for the last day of classes before the Thanksgiving, Christmas, and Easter Holidays, as well as the last day of school.

Snacks: are provided for students in PM care only. Families can send in snacks from home. Snacks from home must be nut/peanut free and labeled with student name and date. Snack menus are posted weekly.

Enrichment: More than just babysitting, ETC Phoenix aftercare will provide students with enrichment activities including time for homework help, recess, games, theatre, dance, music, crafts, and fun enrichment activities!

Enrollment: Students can enroll in 1-5 days/week of before and/or aftercare for the year. You will be billed monthly and follow the same schedule and regulations as your regular tuition. If you wish to cancel or change your plan please let us know at least 2 weeks in advance.

Drop In: Drop-in care is offered as long as space is available. Drop-in charge is \$30 and will be added to your monthly invoice.

Sibling Discount: There is a 10% discount for additional siblings.

*Availability of extended care is dependent on interest and registration.



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Name of Student: _____

Grade: _____

Second Sibling Name: _____

Grade: _____

I have read the Extended Care Information provided and agree to pay the amount indicated.

Parent Signature: _____ Date: _____

Print Parent Name: _____

Parent Email: _____

Cell Phone: _____

***Submit with selected extended care plan indicating days.**



AM Extended Care

	Days per Week	Monthly Tuition	Specify which Days
<input type="checkbox"/>	1 Day	\$60	
<input type="checkbox"/>	2 Days	\$120	
<input type="checkbox"/>	3 Days	\$180	
<input type="checkbox"/>	4 Days	\$240	
<input type="checkbox"/>	5 Days	\$300	

PM Extended Care

	Days per Week	Monthly Tuition	Specify which Days
<input type="checkbox"/>	1 Day	\$80	
<input type="checkbox"/>	2 Days	\$160	
<input type="checkbox"/>	3 Days	\$240	
<input type="checkbox"/>	4 Days	\$320	
<input type="checkbox"/>	5 Days	\$400	