

ST. PAUL CATHOLIC SCHOOL EXTENDED DAY PROGRAM 2015-2016

St. Paul Catholic School Extended Day Program provides a safe and convenient place for your children to spend their after-school time as needed. The hours are: immediately after school until 5:30 p.m. ((Note: On noon dismissal days, lunch must be sent from home.) The program is open beginning the first day of school and every day school is in session with the following exceptions: *October 31, December 18, and May 27.*

The Extended Day Program begins with a snack and time for the children to relax from the school day. This is followed by a period of supervised homework/study time. A variety of activities are available after homework is completed. These activities include games, assorted building blocks, coloring, painting, drawing, and reading. The children also spend time in the computer lab, gym, and outside behind the gym or in the field, when those areas are available.

Extended Day fees are as follows:

One child: \$10.00 per day or \$45.00 per week

Two children: \$18.00 per day or \$80.00 per week

Three children: \$24.00 per day or \$105.00 per week

Four children: \$28.00 per day or \$120.00 per week

Noon dismissal fees: An additional \$3.00/child if picked up after 3:00 p.m.

LATE FEE: \$5.00 for the first minute and \$1.00 for every minute thereafter

The children find Extended Day a positive experience; they enjoy being with their friends and making friends with children from other grades. Thank you for considering St. Paul Catholic School Extended Day Program for your after-school supervision needs.



EXTENDED DAY REGISTRATION

FAMILY NAME _____

CHILD'S NAME _____ GRADE _____
CHILD'S NAME _____ GRADE _____
CHILD'S NAME _____ GRADE _____

Indicate the days your child will be attending after care (circle all that apply):

ALL WEEK MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Please notify the school office of any changes to this schedule so we know when to expect your child(ren) and may plan accordingly.

EMERGENCY/HEALTH INFORMATION AND CONSENT

Parent/Guardian Printed Name: _____ Cell Phone #: _____

Home Phone: _____ Work Phone: _____ Email: _____

Parent/Guardian Printed Name: _____ Cell Phone #: _____

Home Phone: _____ Work Phone: _____ Email: _____

In case of an emergency when parent or guardian cannot be reached, contact:

_____ Relationship to child _____ Cell Phone # _____ Home Phone # _____
Emergency Contact #1 Name

_____ Relationship to child _____ Cell Phone # _____ Home Phone # _____
Emergency Contact #2 Name

The following persons (in addition to the emergency contacts above) are authorized to pick up my child from school:

_____ Authorized Pickup #1 _____ Authorized Pickup #2 _____ Authorized Pickup #3

I give my permission for my child to receive emergency medical treatment. Yes () No ()

I give my permission to call 911: Yes () No ()

List any medical considerations of which we should be aware, as well as any medication which the student must take at any time. If the student must take medication during school hours as prescribed by a doctor you must turn in a form: Authorization for Administration of Medication #9400-HES-005. This form must be signed by the doctor. (Forms are available from the doctor.) _____

Please list all allergies: _____

Parent/Guardian Signature: _____ Date: _____