

**ST. PAUL CATHOLIC SCHOOL
EXTENDED DAY PROGRAM
2019-2020**



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 Halloween Carnival, the last day before Christmas break, and the last day of school.*

At afternoon dismissal, any student not picked up once carline has ended, will be sent to the Extended Day Program and families charged.

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 in the playground or in the field, when those areas are available.

Special Note: If your child is involved in after school activities (tutoring, football, cheerleading, basketball, volleyball, etc.) they should go home and return at practice time or be checked into the Extended Care Program. Students are not allowed to wait unsupervised on school grounds. This is intended for your child's safety!

Extended Day fees are as follows:

3:00 p.m. to 5:30 p.m. - \$10 per child, per day

Noon to 5:30 p.m. - \$15 per child, per day

LATE FEE start at 5:31 p.m.: \$5.00 for the first minute and \$1.00 for every minute thereafter

Extended Day charges will be billed monthly to your FACTS payment plan account. These charges will be automatically deducted on the 15th of every month.

I _____ acknowledge responsibility of payment to the Extended Day Program through FACTS monthly automatic payments.

Signature of Parent/Legal Guardian

EXTENDED DAY REGISTRATION

FAMILY NAME _____

CHILD'S NAME:	GRADE:
Allergies, Medical Conditions:	

CHILD'S NAME:	GRADE:
Allergies, Medical Conditions:	

CHILD'S NAME:	GRADE:
Allergies, Medical Conditions:	

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.

<u>EMERGENCY CONTACT INFORMATION</u>			
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 <u>when parent or guardian cannot be reached</u> , contact:			
Emergency Contact #1 Name	Relationship to child	Cell Phone #	Home Phone #
Emergency Contact #2 Name	Relationship to child	Cell Phone #	Home Phone #
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	