



ST. FERDINAND SCHOOL

EXTENDED DAY INFORMATION | 2020-2021

Welcome to the St. Ferdinand Extended Day Program. Extended Day offers before and after school supervision. It provides excellent care, snack time, homework space, and a variety of activities.

Students must bring their own snack for snack time.

REGISTRATION:

Extended Day registration forms must be completed before children can be admitted into the program along with a \$25.00 registration fee.

This fee will help cover first aid supplies, art supplies, replenishing games, etc. Children attending Extended Care must be current students of St. Ferdinand School. The Extended Day program is only in operation when school is in attendance. There is no Extended Day if there is an emergency closing day.

HOURS AND FEES:

6:30AM – 8:00AM: Before school care is located in the Activity Center of the school building.

- \$6.00 per morning for the first child
- \$2.00 per morning for each additional child

3:00PM – 6:00PM: After school care is located in the Activity Center of the school building.

- Less than 1 hour in the afternoon: \$6 per child (\$2 for each additional child).

Any student who is not picked up at the end of the school day will be sent to Extended Care and charges will be applied regardless of the pick up time.

- \$12.00 per afternoon for one child
- \$17.00 per afternoon for two children
- \$19.00 per afternoon for three children

❖ The Extended Day program is open until 6:00PM each day we are in session.

❖ At 6:01PM late fee charges become effective:

\$1 for each additional minute after 6:00PM (ex: 6:04 p.m. -- \$1 per minute = \$4)

Please complete all of the following pages and return to the office. All registration forms plus the registration fee must be completed, paid and turned in before any child will be allowed to use the after school program.

PARENTAL RESPONSIBILITIES:

Payments may be brought into the office or sent via your child's homeroom folder or paid when you drop off or pick up your child to Ms. Carmen or Ms. Kim. Statements will go home on Thursday in your child's take home folder and payment is due by the following Monday. **You must be current on your payments in order to use the program. If your account is 2 or more weeks past due, your child(ren) will not be able to use the program until payment is current.**

If your account is 30 days past due the balance will automatically be added to your FACTS account.

In case of illness, parents will be contacted and expected to pick up their child as soon as possible. We do not have provisions for children to lie down, nor can we dispense medicine.

Each child registered in Extended Day must be covered under a medical insurance policy.

Children will be allowed to leave Extended Day to participate in other school activities (athletic practices, enrichment clubs, etc.) with proper authorization from parent.

Children will be released only to authorized persons on the Extended Day Release Form. **For the safety of all children, parents/guardians must sign their children in when dropping them off to Before Care, and sign their children out when picking them up from After Care Per Archdiocesan Policy. You may not just drop your child(ren) off at the door; you must walk in with them and sign them in.**

Extended Day is an extension of the school and proper behavior is mandatory. Extended Day reserves the right to refuse any child whose needs cannot be met.

Students must bring their own snack for snack time.

We want the Extended Day Program to be a safe and comfortable place for students of all ages. Due to some inappropriate behavior exhibited while Extended Day Program has been in session, a behavior modification plan will become policy.

The plan works as the following:

- Students will be given a behavior notice for inappropriate behavior, such as tardiness, disrespectful behavior towards the Extended Day Program staff and fellow students, fighting, vulgar language, and destruction of school and personal property.
- Behavior notices are to be signed by the student, parents, and the Extended Day Program staff member.
- If your child receives three behavior notices within one month, the consequence will be suspension from Extended Day Program for one month.

Hopefully the students will respond accordingly and a suspension will never have to be utilized. Please sign the registration documents that you have received this letter and are aware of the consequences.

Thank you for your cooperation,

St. Ferdinand School Main Office: (773) 622-3022 (7:00AM - 3:00PM)
Extended Day Phone Number: Kim Brook (773) 551-3063 (call or text) (3:00PM - 6:00PM)

*The Extended Care phone is for business use only.
Please refrain from calling Extended Care to speak to your child.
The phone should be used for emergencies only.*

EXTENDED DAY PROGRAM REGISTRATION

Family Name: _____ Cell Phone: _____ Home Phone: _____

Address: _____

Child(ren) Name(s) and Grades:

Child: _____ Grade: _____ Child: _____ Grade: _____

Child: _____ Grade: _____ Child: _____ Grade: _____

Please initial all days and times that your child will be attending Extended Day Program. We understand that circumstances may change; this is just to give us some idea of the number of students that will be in Extended Day Program at any given time. Please indicate an approximate drop off (A.M.) and pick up (P.M.) time.	MONDAY A.M./EDP _____	TUESDAY A.M./EDP _____	WEDNESDAY A.M./EDP _____	THURSDAY A.M./EDP _____	FRIDAY A.M./EDP _____
	P.M./EDP	P.M./EDP	P.M./EDP	P.M./EDP	P.M./EDP

Please indicate below anyone who is allowed to pick up your child/children:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

EMERGENCY INFORMATION ALL SECTIONS MUST BE FILLED OUT:

PARENT EMERGENCY CONTACT INFO:

Parent/Guardian 1: _____ Cell #: _____ Work #: _____

Parent/Guardian 2: _____ Cell #: _____ Work #: _____

OTHER PERSONS WE MAY CONTACT IN EMERGENCY IF YOU ARE NOT AVAILABLE:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

List any Physical/Health Difficulties/Allergies Attending Children Have:

Child: _____ Problem/Allergy: _____
Child: _____ Problem/Allergy: _____
Child: _____ Problem/Allergy: _____
Child: _____ Problem/Allergy: _____

INSURANCE INFORMATION:

Name of Student's Physician _____ Phone #: _____
Address _____ City _____
Medical Provider _____ Policy/Insurance # _____

I/We Authorize St. Ferdinand School to send my child(ren) to an available doctor or hospital in case of an emergency
_____ YES _____ NO.

Parent Signature: _____ Parent Signature: _____

Parent(s) Signed Agreement

I/WE have read and agree to be governed by this handbook (Pages 1 & 2 of this packet, please retain for your records)

Parents Signature _____ Date _____

Parents Signature _____ Date _____

Comments or additional information: _____

OFFICE USE ONLY:

REGISTRATION DATE: _____ FEE RECEIVED: _____ RECORDED BY: _____