

August 1, 2011

Dear Parents of Extended Day Students ,

The St. Bernadette Extended Day Program provides after school care from 3:00 to 6:00 PM for TK through 8th grade. This program is separate from the Preschool Day Care Program. It serves working families of regularly enrolled St. Bernadette School students. The program provides individual attention with snack time, recreation, quiet time and time for homework completion. Fees are the sole support of the St. Bernadette Extended Day Program. It is not subsidized by the school or the parish. Parents are required to complete the Extended Day Registration Form at the beginning of each school year, stating the specific days of the week that the child will attend.

- Students must be registered on an annual basis.
- Tuition is payable monthly on the 10th. The rate is consistent each month from September through June. For Grades 1-7 the Extended Day rates are based on 180 school days and are payable on a 10-month schedule for parents' convenience. Tuition is payable monthly on the 10th. The rate is consistent each month from September through June.
- **Due to a shorter school year, students in Transitional Kindergarten, Kindergarten and Grade 8 will be on a 9 month payment schedule.** Tuition is payable monthly on the 10th. The rate is consistent each month from September through May.
- One Extended Day Program registration form may be used per family.
- There is a registration fee of \$50.00 per family enrolling in the program.
- The \$50.00 registration fee will be assessed to students who "drop in" more than six times during the academic year.

FEES AND PAYMENTS

The Registration Fee for the Extended Day Program is \$50.00 per family.

Monthly Fee schedule for the Extended Day Program:

Full time (5 days per week)	\$275
4 days per week	\$235
3 days per week	\$210
2 days per week	\$185
1 day per week	\$125
Drop in fee (per day)	\$25

In order to allow us to plan ahead for sufficient personnel coverage and supplies, parents are required to pay for the days they have contracted for, regardless if the child attends the program each day of the contract. Payment is expected on the 10th of each month. Checks are to be made out to "St. Bernadette School", marked for Extended Day and given to the Extended Day Director/Teacher who signed out the child. For example, if a child is scheduled to attend Monday, Wednesday and Friday, the parent must remit payment of \$210.00 on September 10, 2011.

Please complete the Registration Form attached to this letter and return, with the \$50 Registration fee, to the School Office by Friday, August 12, 2011 to enroll in the Extended Day Program.

Yours in Christ,

Deborah O'Neil
Principal

**ST. BERNADETTE CATHOLIC SCHOOL
PROGRAM EMERGENCY INFORMATION**
(Please type or print all information)

Student's Name _____ Grade: _____ M _____ F _____
(last name) (first name) (middle name)

Address _____ Home Phone# _____
(no.) (street) (city) (zip code)

E-Mail address: _____

DAYS ATTENDING EXTENDED DAY PROGRAM: MON _____ TUES _____ WED _____ THURS _____ FRI _____

Name of Parent(s) or Guardian (s) with whom the child lives: _____

If separated/divorced: Name, address, and phone of non-custodial parent: _____

Father's Name _____ Work phone#: _____

Cell # _____

Occupation: _____

Mother's Name: _____

Work phone#: _____

Cell# _____

Occupation: _____

In the event that my child needs to be dismissed for an illness or injury, and I cannot be reached, the following people may pick up my child. Your child cannot be released to anyone other than those you list here.

Name _____ Phone No. _____ Relationship _____

Name _____ Phone No. _____ Relationship _____

Name _____ Phone No. _____ Relationship _____

Hospital Preference _____

(In case of emergency and parents are not available.)

Child's Physician: _____ Phone No. _____

Child's Dentist: _____ Phone No. _____

Please list all medications that your child takes:

Allergies (specify) _____

Heart Condition _____ Diabetes _____ Asthma _____ Seizure Disorder _____ Others _____
(specify) _____

In case of accident or serious injury and I cannot be reached at the numbers above, I hereby authorize the school to arrange emergency transportation to the nearest hospital emergency room to be treated by the physician on duty.

Signature (Custodial Parent/Guardian) _____ Date _____