Dear Parents of Extended Day Students,

The St. Bernadette Extended Day Program provides after school care from 3:00 to 6:00 PM for KN 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.
- One Extended Day Program registration form and $50 fee may be used per family.
- The $50.00 registration fee will be assessed to students who "drop in" more than six times during the academic year.
- Extended Day will be billed in 9 equal installments. Each payment is due on the first of the month. August 29th - 31st and the month of June will be billed at a rate of $20 per day for Extended Day registered families.

FEES AND PAYMENTS
The Registration Fee for the Extended Day Program is $50.00 per family.

Monthly Fee schedule for the Extended Day Program for registered families:

- Full time (5 days per week) $375
- 4 days per week $325
- 3 days per week $280
- 2 days per week $240
- 1 day per week $165

Extended Day Non-registered Families
- Drop in fee (per day) $30

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 1st 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 $280.00 on August 31, 2018.

Please complete the Registration Form attached to this letter and return, with the $50 Registration fee, to the School Office by Thursday, August 23, 2018 to enroll in the Extended Day Program.

Yours in Christ,

Deborah O’Neil
Principal
ST. BERNADETTE CATHOLIC SCHOOL
EXTENDED DAY 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______________