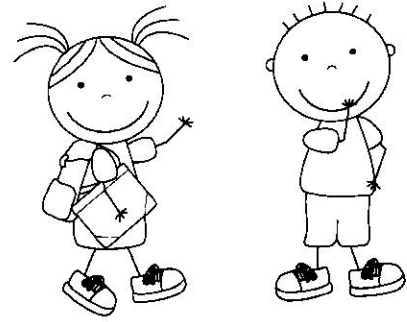


St. Sylvester School is pleased to offer an
Extended Day Program
 for students in Kindergarten-Grade 8



- from 2:45 P.M. - 6:00 P.M. every day school is in session, and from 11:30 P.M. - 6:00 P.M. on early dismissal days (Services are not available on the first 2 and last 2 days of the school year)
- daily schedule includes: quiet time (homework, computers, crafts), snack, outdoor play, and inside activities (projects, games, playtime)
- located in a classroom within the school building
- authorization of who may or may not pick up a child is made clear by the parent and is followed without exception
- parents may send in a daily snack with their child
- cost is \$6 an hour for 1 hour of care (from 3:00 P.M. up to 4:00 P.M.), \$5 an hour for 2 hours of care (from 3:00 P.M. up to 5:00 P.M.), and \$4 an hour for 3 or more hours of care (from 3:00 P.M. up to 6:00 P.M. and additional hours on early dismissal days)
- any part of an hour will be charged as an hour
- a \$25 annual registration fee is required for each family
- weekly payments and schedules are due every Monday morning (or first day of the school week)
- rates increase considerably after the 6:00 P.M. closing time
- drop in care for St. Sylvester students is available by calling the school one day in advance (the \$25 annual registration fee is also required for this service)
- an agreement with this information and more will be signed by the parent/guardian prior to this service

----- EXTENDED DAY PROGRAM -----

I am interested in registering my child(ren) for the Extended Day Program at St. Sylvester School this year. I am sending my \$25 registration fee and would like the application forms sent to me as soon as possible.

Name _____	Child's Name _____	Grade _____
Address _____	Child's Name _____	Grade _____
_____	Child's Name _____	Grade _____
Phone Number _____		

Please indicate the approximate days and number of hours you will need our extended day service.

- | | | |
|--|---|--|
| <input type="checkbox"/> Mon. ___ hours of care needed | <input type="checkbox"/> Tues. ___ hours of care needed | <input type="checkbox"/> Wed. ___ hours of care needed |
| <input type="checkbox"/> Thurs. ___ hours of care needed | <input type="checkbox"/> Fri. ___ hours of care needed | <input type="checkbox"/> Early dismissal days |

\$25 Annual Registration Fee Enclosed

Parent Signature _____ Date _____

St. Sylvester School
EXTENDED DAY PROGRAM
Application and Emergency Information

Date of Application: _____

Child's Name: _____ Birth Date: _____

Mother/Legal Guardian's Information Father/Legal Guardian's Information

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Employer Name: _____

Employer Name: _____

Employer Address: _____

Employer Address: _____

Work Phone: _____

Work Phone: _____

Person(s) to be contacted in an emergency if parents/guardians are unavailable:

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Relationship: _____

Relationship: _____

Person(s) to whom child may be released:

Name: _____

Name: _____

Address: _____

Address: _____

Home Number: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Relationship: _____

Relationship: _____

Name of child's physician or source of medical care:

Name: _____

Phone Number: _____

Address: _____

Special disability of child, if any:

Any special medical or dietary information necessary for management in an emergency situation - allergies (including medication reactions), medications, special conditions:

Any additional information on special needs of the child:

Health insurance coverage for child under family insurance policy or medical assistance benefits, if applicable: _____

Policy or medical assistance number (required): _____

Please read the instructions below and complete as items apply.

Parent/Guardian's signature required for *each* item below to indicate parental consent. Items *not* signed indicate that you *do not* want the treatment or activity for your child:

Obtaining emergency medical care: _____ Date: _____

Administration of minor first-aid procedures: _____ Date: _____

Outdoor activities (weather permitting): _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Please Note: Should your home address, home phone, employer, emergency contact and/or pickup persons change *at any time*, please inform us in writing so that we may keep this information current.