

ST. MICHAEL THE ARCHANGEL EXTENDED DAY PROGRAM
ENROLLMENT FORM KR-5th
2023-2024

Child's Name _____ Grade _____ Sex _____ Birthdate _____

2nd Child _____ Grade _____ Sex _____ Birthdate _____

3rd Child _____ Grade _____ Sex _____ Birthdate _____

Mother's Name _____ Cell phone _____

Work Place Name _____ Work phone _____

Father's Name _____ Cell phone _____

Work Place Name _____ Work phone _____

****Please circle which number we should try first if needed – thank you****

In the event of an emergency, if parents cannot be reached, please contact:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
1. _____			
2. _____			

PROGRAM USAGE: Mark which type of user you will be. Usage type can change with note to Director.

☐ **Weekly Set Schedule (mark days/times below)**

Before School Only M T W TH F

After School Only M T W TH F

☐ **Weekly, days vary** (send note/email to child's teacher AND ext day to attend)

☐ **As Needed** (send note/email to child's teacher AND ext day to attend)

☐ **School delays/cancellations**

Names of Authorized Persons for pick up: Student will ONLY be released to these names.

1. _____ Driver License # _____ Phone _____

2. _____ Driver License # _____ Phone _____

Additional information needed: (i.e. allergies, behavioral/emotional problems, likes/dislikes, etc.)

Key Card Fee: ☐ \$8.00/one ☐ \$16.00/two ☐ \$0.00/returning family w/old key card

Registration Fees: \$15.00 first child \$20.00 two children \$25.00 three or more

Please see reverse side: PART I OR II MUST BE COMPLETED

OFFICE USE ONLY:

Registration/key card fee paid \$ _____ Date _____ Check Number _____ Staff Initials _____

Key Cards issued on _____

Part I: TO GRANT CONSENT

Please complete both physicians and dentist portions.

I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Hospital _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by above-named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist.
2. The transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent/Guardian _____ Date _____

Address _____

PART II: REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian _____ Date _____

Address _____

EXTENDED DAY GENERAL INFORMATION

Philosophy and Goals:

It is our desire to provide a service to the working parents of children who attend our school. The program is to be an extension of the regular school day and is structured and organized, but flexible enough to allow students some free time as well as an opportunity to begin their homework. We will provide a secure, cheerful environment for the children by offering supervision, snack, and times for play and work. Our objectives include the elements of enhancing positive self-esteem, developing social skills, and teaching lifelong values such as responsibility, organization, and cooperation. A ratio of one supervisor per 14 children will be adhered to.

Registration:

Attendees will need to have proper registration before using the Extended Day services. There is an annual registration fee of \$15.00 for one child, \$20.00 for two, and \$25.00 for three or more. There is also a key card fee of \$8.00/one or \$16.00/two key cards upon initial registration. Replacement keys are \$8.00. The registration form is available in the office or on the school website.

Payment of Fees:

Fees will be collected on a weekly basis. Payment for each week is due on Friday or the last day your child attends to the Extended Day Supervisor. Make checks payable to St. Michael School. A late fee of \$5 will be applied to your account if payment is not received by Friday.

Times and Fees (Cost is figured per child)

***Speak with the Director about costs for families with three or more children enrolled.**

Morning: 7:00 am – 7:30 am (Grades K-5)

7:00 am – 8:15 am (Preschool)

COST: \$3/day per child OR

\$12/week per child (four or five days)

Afternoon: 2:30 pm – 5:55 pm

COST: \$12.00/day per child OR

\$45.00/week per child (4 or 5 days)

\$1.00 per minute/per child after 5:55 pm

Cancellations and Delays:

The Extended Day Program will be open for days when school is delayed or canceled but NOT for vacation, conference, or holiday days that are on the school calendar. Payments are to be added to weekly payments or paid at the time of drop off/pick up.

Times and Fees: 2-hour delay: 7:00 am-9:30 am

COST: \$6/each child

3-hour delay: 7:00 am-10:30 am (snack provided)

COST: \$6/each child

Cancellation Day: 7:00 am-5:55 pm (snack and lunch provided)

COST: Attend 4 hours or less-

\$17/1st child (\$12/each additional child)

Attend 5 or more hours-

\$22/1st child (\$17/each additional child)

Snacks:

We will provide a snack to the children after school. It will be a simple snack that requires little, if any, preparation.

Schedule:

Before school, the children will be permitted to play quiet games. If a child needs to finish any homework, they would have a few minutes to do that. After school, we plan to have homework time, a simple snack, and, some recreational activities.

Rules:

1. Participate in all activities.
2. Show respect to other children and Supervisors.
3. Use appropriate language.
4. Use materials and equipment as instructed.
5. Follow directions from Supervisors.
6. Stay within the boundaries given for each activity.

Discipline:

All St. Michael school policies, administrative procedures and rules will also apply to the Extended Day. Disciplinary problems will not be tolerated and are grounds for dismissal from the program.

1. Verbal warning from the Supervisor.
2. Time out (one minute per year old).
3. Notice to parents.
4. Meeting with the Director: including parent and child.
5. Child can be suspended for a day when the behavior consistently violates the above rules or is deemed to be in serious violation of the rules by the Director.
6. Participants can be dismissed from the program if the above actions have taken place and the child still does not comply.