

Our Lady of Fatima Catholic School

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<http://ourladloffatimahopewell.org>



Our Lady of Fatima Extended Day Program

Welcome and thank you for your interest in our Extended Day program. This service is for all families of OLOF School in hopes that it will allow you a worry-free mind that your child is safe during after school hours.

Vision Statement: At the very heart of Christian vision is dignity, respect and reverence we must have for all people. Be it known that Christ is the reason for this vision and attitude that governs this facility, staff and the assembly of all children.

Philosophy: It is the need for togetherness, community and family that this facility is opened, operated and present for parents to place their child for temporary attention and care. Children working and playing together will enhance their social, physical, spiritual, emotional and educational experiences.

Operation: This facility will be open to all children who attend Our Lady of Fatima School and have reached the age of three and is completely toilet trained. The program begins at 2:10 and ends at 6:00. Due to state regulations we must limit our attendance to twenty students.

Extended Day will operate on all school days with few exceptions. You will be well informed if the program will be closed on any given day.

Discipline: Extended Day behavior is a carry-over from expected school behavior. Physical contact, inappropriate language and disrespect of any kind will not be tolerated and consequences will be given.

Departure: Parents must use the Pre-School doors. When ringing the buzzer, the Extended Day attendant will come to greet you and allow you to enter the building for picking up your child. Please know that the children will never be allowed to let anyone enter the door, even if it is mom or dad, without the consent of the staff.

Costs:

- Monthly full-time services for first child - \$150.00; two children - \$225.00; three children - \$275.00
- Hourly rate - \$3.00 per child

A typical day at the program:

- Dismissal from to Extended Room for snack and attendance
- Clean-up
- Weather permitting, outside play
- Homework
- Additional recreation in gym, movie or organized games

Thank You,

Shirley Martin

Child Care Registration Form				Date child entered care	Date child left care
Child's name	Last	First	Middle	Name used	Birthdate
Street address			City	Zip code	
Child's parent/guardian name		10 digit home phone #	10 digit work phone#	10 digit cell #	
Street address			City	Zip code	
Address where you can be reached while child is in care			City	Zip code	
Child's parent/guardian name		10 digit home phone #	10 digit work phone#	10 digit cell #	
Street address			City	Zip code	
Address where you can be reached while child is in care			City	Zip code	
Other people to notify in case of emergency					
Name		Address		10 digit phone number	
Relationship: Permission to pick up in emergency?				Work: Home: Cell:	
Relationship: Permission to pick up in emergency?				Work: Home: Cell:	
Relationship: Permission to pick up in emergency?				Work: Home: Cell:	
Relationship: Permission to pick up in emergency?				Work: Home: Cell:	
Other than you, who else has permission to pick up your child?					
Name		Address		10 digit telephone number	
				Work: Home: Cell:	
				Work: Home: Cell:	
				Work: Home: Cell:	

Who does not have permission to pick up your child?	
Name	Reason

Child's health information		
Date of child's last physical exam:	Child's health care provider	10 digit telephone number
Street address	City	Zip code
Special health problems? Yes or no? If yes, specify.	Allergies, including drug reactions Yes or no? If yes, specify.	
Regular medications? Yes or no? If yes, specify.	Other important information Yes or no? If yes, specify.	
Child's dentist's name		10 digit telephone number
Street address	City	Zip code

Child's medical insurance coverage	
Insurance company name	Member/policy number
Policy holder name	Employer name
Insurance company name	Member/policy number
Policy holder name	Employer name

Consent to medical care and treatment of minor children	
<p>I give permission that my child, _____, may be given first aid/emergency treatment by a qualified child care provider and/or staff at _____, Name and address of provider</p>	
<p>When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.</p> <p>I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.</p> <p>I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.</p>	
Parent/guardian signature	Date
Parent/guardian signature	Date