ST. AUGUSTINE SCHOOL EXTENDED DAY PROGRAM 2024 - 2025

Recognizing the demands placed on families and the challenges of finding good care around school hours, St. Augustine School's Extended Day Program offers a safe and nurturing environment for those few hours when schedules overlap. We are currently accepting applications for the Nursery - 8 Extended Day programs.

The Extended Day Program for nursery through eighth grade students is Mon.-Fri., 7:00-8:30 and/or 3:00-5:00. There is a flat fee of \$15.00 per day for before school (7:00-8:30 a.m.). The cost for after school care (3:00-5:00 p.m.) is \$13.00 an hour.

Extended Day is provided only on days when school is in session. There is no Extended Day on holidays or vacations. On half days, morning care (7:00-8:30 a.m.) will be offered but there will be no care in the afternoon. Credits are not issued for unexpected or unplanned closures such as closing for inclement weather.

On the enclosed form, you will be asked to indicate the days and times that you are requesting care. Due to demand, we can only accommodate regularly requested days. Schedules will not be held for temporary periods of time (ie. Basketball season, School Clubs, etc.). Please note that once you commit to specific days/times, you will be charged for those days/times regardless of use.

Please complete the attached forms and return them to Donna Canning (<u>dcanning@staugustineandover.org</u>) as soon as possible, but by no later than May 20, 2024. Once received, a \$50.00 non-refundable deposit will be withdrawn through your FACTS agreement. This payment will be deducted from your September 2024 bill. FACTS will send you an email as to the date of the withdrawal. All students will be accepted into the program on a first come-first serve basis.

The Extended Day Handbook is on the School's website. Please take the time to read it over carefully. Kindly complete and return the Parent/Guardian Agreement along with your application.

Please call 978-475-2414, Ext. 47 or email Donna Canning at <u>dcanning@staugustineandover.org</u> with any questions.

ST. AUGUSTINE SCHOOL EXTENDED DAY PROGRAM APPLICATION 2024/2025

Student(s):			_Grade (2024/2	025)
			-		
Address:					
		Street			
	City/Town		Zip		
Email:					
Start Date:	-				
<u>Nursery</u> hrough	<u>Days</u>	Morning Program	<u>P</u>	ick-Up	Time(Circle One)
Grade 8	Monday	\mathbf{AM}	4:	00	5:00
	Tuesday	AM	4:	00	5:00
	Wednesday	\mathbf{AM}	4:	00	5:00
	Thursday	\mathbf{AM}	4:	00	5:00
	Friday	AM	4:	00	5:00
Parer	nt Signature		Tel. #		Date

A \$50.00 per child non-refundable deposit will be withdrawn through FACTS upon receipt of the application. Families will receive an email from FACTS with the exact date of the withdrawal.

All Extended Day families must sign up for Auto Pay for Incidental Expenses in FACTS.

St. Augustine School Extended Day Program PARENT/GUARDIAN AGREEMENT 2024 - 2025

(1) I/We have read and agree to be governed by the St. Augustic	ne
Extended Day Program Handbook.	

(2) I hereby give my consent, in the event of a medical emergency wher	1
cannot be contacted, for the Extended Day staff to obtain whatever	•
treatment may be deemed necessary for	

Student's Name	Date of Birth
Student's Name	Date of Birth
Student's Name	Date of Birth
This authorization includes my consent for the above-remergency situation as stated on the <i>Pupil Data and Ed</i>	mentioned child to receive treatment in a medical mergency Form in any hospital emergency department.
I hereby give my authorization for emergency medical	treatment as outlined above.
I have read and agree to be governed by the St. August	ine Extended Day Program Handbook.
Parent/Guardian	Date
Parent/Guardian	Date

St. Augustine School Extended Day 2024 - 2025 Emergency Contact Information

Child's Name(s)			Birthdate:
			Birthdate:
			Birthdate:
Parent/Guardian Na	me:		
Cell #:		Work#	Home#
Email:			
Parent/Guardian Na	me:		
Cell #:	N.	Work#	Home#
Email:		<u>- </u>	
Emergency Contacts	if parent/guardia	an can't be reached	
Name/Rela	ationship	* '	
	Phone		
Name/Rela	ationship		
	Phone		
Name/Rela	ationship		
	Phone		
Please list any addition			nild from Afterschool Care (ID will be req'd)
Name/Relationship			
Name/Relationship _			
Please list all allergies			

^{*}Please note that the afterschool staff does not have access to medications in the nurses office.

If your child requires emergency medication, such as an EPI Pen, please inform the Extended Day staff.