

ST. AUGUSTINE SCHOOL EXTENDED DAY PROGRAM 2026 - 2027

Recognizing the demands placed on families and the challenges of finding quality care around school hours, St. Augustine School's Extended Day Program offers a safe and nurturing environment during those times when schedules overlap. We are currently accepting applications for the Nursery through Eighth Grade Extended Day Program.

The Extended Day Program for Nursery through Eighth Grade students is offered Monday–Friday, 7:00 AM–8:30 AM and/or 3:00 PM–5:00 PM. There is a flat fee of \$15.00 per day for before school (7:00–8:30 AM). The cost for after-school care (3:00–5:00 PM) is \$13.00 per hour.

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

On the enclosed form, you will be asked to indicate the days and times you are requesting care. Due to demand, we can only accommodate regularly requested days. Schedules will not be held for temporary periods of time (i.e., 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 usage.

Please complete the attached forms and return them to Fay Nentis (fnentis@staugustineandover.org) as soon as possible, but no later than **May 29, 2026**. Once received, a **\$50.00 non-refundable deposit** will be withdrawn through your FACTS agreement. This payment will be credited toward your September 2026 bill. FACTS will send you an email with the date of the withdrawal. All students will be accepted into the program on a first-come, first-served basis.

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

Please call 617-586-5179 or email Fay Nentis at fnentis@staugustineandover.org with any questions.

**ST. AUGUSTINE SCHOOL EXTENDED DAY PROGRAM APPLICATION
2026/2027**

Student(s): _____ **Grade (2026/2027)** _____

Address: _____

Street

City/Town

Zip

Email: _____

Start Date: _____

<u>Nursery through Grade 8</u>	<u>Days</u>	<u>Morning Program</u>	<u>Pick-Up Time(Circle One)</u>	
	Monday	AM	4:00	5:00
	Tuesday	AM	4:00	5:00
	Wednesday	AM	4:00	5:00
	Thursday	AM	4:00	5:00
	Friday	AM	4:00	5:00

Parent 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 enroll in Auto Pay for Incidental Expenses in FACTS

St. Augustine School Extended Day Program
PARENT/GUARDIAN AGREEMENT
2026 - 2027

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

(2) I hereby give my consent, in the event of a medical emergency when I 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-mentioned child to receive treatment in a medical emergency situation as stated on the *Pupil Data and Emergency 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. Augustine Extended Day Program Handbook.

Parent/Guardian Date

Parent/Guardian Date

**St. Augustine School Extended Day
2026 - 2027 Emergency Contact Information**

Child's Name(s) _____ **Birthdate:** _____

Birthdate: _____

Birthdate: _____

Parent/Guardian Name: _____
Cell #: _____ **Work #:** _____ **Home #:** _____
Email: _____

Parent/Guardian Name: _____
Cell #: _____ **Work #:** _____ **Home #:** _____
Email: _____

Emergency Contacts if parent/guardian can't be reached

Name/Relationship: _____ **Phone:** _____
Name/Relationship: _____ **Phone:** _____

Please list any additional adults allowed to pick up your child from Afterschool Care (ID will be req'd)

Name/Relationship _____

Name/Relationship _____

Name/Relationship _____

Please list all allergies below*:

***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.**