

## ST. AUGUSTINE SCHOOL EXTENDED DAY PROGRAM 2025 - 2026

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 Fay Nentis ([Fnentis@staugustineandover.org](mailto:Fnentis@staugustineandover.org)) ***as soon as possible, but by no later than May 15, 2025.*** Once received, a \$50.00 non-refundable deposit will be withdrawn through your FACTS agreement. This payment will be deducted from your September 2025 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 617-586-5179, or email Fay Nentis at [Fnentis@staugustineandover.org](mailto:Fnentis@staugustineandover.org) with any questions.

**Student(s):** \_\_\_\_\_ **Grade (2025/2026)** \_\_\_\_\_

City/Town	Zip
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**Start Date:** \_\_\_\_\_

**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**A \$50.00 *per child* non-refundable deposit will be withdrawn through FACTS upon receipt of the application.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 sign up for Auto Pay for Incidental Expenses in FACTS.**

St. Augustine School Extended Day Program  
**PARENT/GUARDIAN AGREEMENT**  
**2025 - 2026**

(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

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Student's Name

Date of Birth

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Student's Name

Date of Birth

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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.

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Parent/Guardian

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Date

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Parent/Guardian

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Date

**St. Augustine School Extended Day  
2025 - 2026 Emergency Contact Information**

<b>Child's Name(s)</b> _____	Birthdate: _____
_____	Birthdate: _____
_____	Birthdate: _____

**Parent/Guardian Name:** \_\_\_\_\_

Cell #:	Work#	Home#
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Email: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Cell #:	Work#	Home#
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Email: \_\_\_\_\_

**Emergency Contacts if parent/guardian can't be reached**

Name/Relationship \_\_\_\_\_

Phone \_\_\_\_\_

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 \_\_\_\_\_

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.