# **Extended Day & Extended Day Plus**



#### 2020-2021 Program Goals

- ★ To be an extension of St. Charles School, consistent with the philosophy and objectives of the school.
- ★ Offer children a base of warmth, security, and continuity provided by a caring and qualified staff.
- ★ Provide flexible schedules which allow for choices of (including but not limited to) play and social experiences.
- ★ Encourage communication between family and staff.

All programs will follow the school calendar for days of operation.

Please note: If school is closed, all of the Extended Day programs will be closed.

#### Daily Schedule for all programs include:

Indoor Play ♦ Outdoor Play ♦ Arts & Crafts ♦ Quiet activity area ♦ Dramatic Play ♦ Manipulative toys

## **Extended Day**

## **Dates and Times of Operation:**

The program will be held from dismissal time until 5:30pm in the St. Charles Church basement. <u>A late pick-up fee of \$5.00 per 15 minutes will be charged.</u>
Snacks

A nutritious snack will be served each day. It will provide nutritional value in addition to calories and contain at least two foods from the five food groups.

## **Extended Day Plus**

### **Dates and Times of Operation:**

The program is designed for those students attending the preschool and prekindergarten AM program.

The program will be held from 10:45am-3:00pm on Monday, Tuesday, Wednesday, and Friday and from 10:45am-2:00pm on Thursday in the St. Charles Church basement. If the school is on a 2 hour delay, the program will run from 11:45-3:00. We will cancel if school is on a 3 hour delay.

Attire: For safety reasons, children need to wear athletic shoes at all times. Flip flops and sandals are not permissible.

#### **Tuition**

Registration	\$20
Extended Day Program	\$10 per day
Extended Day Plus Program	\$14 per day
Adding Extended day to Extended Day Plus	\$6 additional per day
Summer Program	\$30 per day

Tuition is to be paid every Friday for the upcoming week. Fees must be paid before services are provided. The annual registration fee is payable at the time of registration. Late fees will be added for delinquent payments. If fees are not paid, parents will be called after school to pick-up their child.

# Sample Summer Program Daily Structure

# Monday - Thursday 7:30 AM - 5:30 PM Friday 7:30 AM - 5:00 PM

#### 7:30-9:00 AM

Arrival of children will be staggered. Quiet, unstructured time which meets the needs of the individual child (not everyone is a morning person!)

- Board games/cards/toys
- Legos/blocks/kinex
- Reader center & puppet station

#### 9:00-11:30 AM

More structured choices, large and small group oriented, adult lead activities, more goal oriented.

- Outdoor activities/ Outdoor play
- Neighborhood walks
- Kickball, wiffle ball
- Themed activities
- Focused arts and crafts projects
- Summer newsletter writers

### 11:30 - 1:00 PM

Transition/Lunch/Social Time/Quiet Time (lunches are not provided, please pack a lunch for your child/children)

### 1:00-4:00 PM

Special activities on site

- Gym
- Guest speakers
- Mid-afternoon snack offered at 3:00 PM

### 4:00-5:30 PM (5:00 PM on Fridays)

- Board games/cards/toys
- Legos/blocks/kinex
- Outdoor activities/ Outdoor play
- Movies & Computer time

# St. Charles Extended Day and Extended Day Plus Registration Form

#### REGISTRATION FEE (non-refundable):

\$20 Per Child (yearly fee covers: Extended Day, Extended Day Plus, and Summer Program)

#### **DAILY FEES:**

Extended Day Program	\$10 per child per day
Extended Day Plus Program	\$14 per child per day
Adding Extended Day to Extended Day Plus	\$6 additional per child per day
Summer Program	\$30 per child per day

PROGRAM CHOICE: OExtended Day Program OExtended Day Plus Program

OAdding Extended Day Program to Extended Day Plus Program

OSummer Program

CHILD'S NAME:

Address:

Age:

City/State/Zip:

Grade:

CHILD'S NAME:

Address:

Age:

City/State/Zip:

Grade:

PROGRAM USE:

MONDAY: O TUESDAY: O WEDNESDAY: O THURSDAY: O FRIDAY: O

MOTHER'S NAME:

Address:

Cell Phone:

City/State/Zip:

Employer:

Employer:

Employer Address:

City/State/Zip:

City/State/Zip:

FATHER'S NAME:

Address:

Cell Phone:

City/State/Zip:

Employer:

Employer:

Employer Address:

City/State/Zip:

City/State/Zip:

#### **ALTERNATIVE CONTACTS:**

NAME:	NAME:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Relationship:	Relationship:

NAME OF	NAME OF DENTIST
PHYSICIAL/CLINIC:	OR CLINIC:
Address:	Address:
City/State/Zip:	City/State/Zip: Phone:
Phone:	PHONE:
	DEDMISSION TO TRANSPORT
	PERMISSION TO TRANSPORT
	ed Day my permission to transport my child(child/children name)
(circle one)	cy medical care or to for emergency
(hospital) tor emergence	(dentist or clinic)
medical care, or to the nearest available	ole source of assistance.
Your child will NOT be released to any	person NOT listed below. Do we need a Share Parenting
Agreement or Custody Agreement on f	ile? Yes O No O
Nome	Phone:
Name:	FIIONE.
	ams are staffed by individuals who are prepared to provide emergency for your child. We are not a licensed day care and on site.
Please include any allergies, food aller	rgies, chronic conditions, or ongoing health concerns:
be assessed. I also agree and unders	the upcoming week. I understand and agree that late fees can/will stand that if I am delinquent, I am required to pick my child/children ot be participating in the Extended Day Programs until my account i erms listed in this agreement.
Parent's Signature	Date