

St. Joseph School
Extended Care and Breakfast Program
2011 - 2012

Dear Parents,

Our Faculty and staff will alternately be providing Extended Care at school for your child each day from 2:30-5:00 pm Monday through Friday. The program is open to students in pre-school through eighth grade for a fee of \$2.50 each half hour or any part thereof your child attends. Each day the program will be supervised by teachers/staff of our school in the gymnasium.

A **Breakfast Program** is also offered to all students. The only cost to this program will be the cost of breakfast! Breakfast is available from 7:30 a.m. to 8:00 a.m. daily. The daily breakfast cost is \$1.60. Parents have the option of paying in advance. **Please make checks out to Fairhaven Public Schools.** The food service personnel will monitor the balance. A member of our Faculty and staff will be there supervising the students at all times. At 8:00 all students attending the breakfast program will be walked to their classrooms.

You will pay only for the days you use. For students who do not stay the whole week, payment is expected at the time of pickup. Students who stay the whole week are expected to pay by Friday. There will also be a discount to families who have two or more children in the program.

In Extended Care there should be a snack **provided by you**, lav time, homework time, play time and, possibly, time for television. It is hoped that the program will be of service to our parents who require their child/children to stay after school.

After School Care: The time provided for Extended Care remains from 2:30-5:00 p.m. **Please be reminded of a late fee charge of \$5.00 per student per fifteen minute intervals after 5:00.**

Payment is required on a daily basis or on the last full day of the school week. Payment may be made in *cash* or a **check made payable to St. Joseph School**. **A late fee of \$5.00 per day will be added for each day a payment is late after the last full day of school in that week.**

If someone other than the usual person is picking up your child, please call the school office or send a signed and dated note to the school by the beginning of that school day. The person picking up your child will be asked for photo identification. Please inform them of this so that they are prepared. If you are running late, please give us a courtesy call to inform us.

If you have any questions or concerns, please do not hesitate to call. Please be reminded that all students remaining in the building after 2:30 will be sent to Extended Care and the parents will be charged accordingly.

Please fill out the forms in order for your child/children to be admitted into Extended Care or Morning Care Programs.

- 1.) Extended Care Application
- 2.) Release Form (on reverse side of application)
- 3.) Medical Form- if necessary

We appreciate your continued cooperation and use of our Extended Care services.

Sincerely,

The Staff of Extended Care

St. Joseph School Extend Care Program Fairhaven, MA 2011 - 2012

Extended Care Program Application

Permission is granted for _____
Child's Name Grade

to take part in the Extended-Care Program at St. Joseph School from:

2:30-3:00 p.m. _____ 2:30-4:30 p.m. _____

2:30-3:30 p.m. _____ 2:30-5:00 p.m. _____

2:30-4:00 p.m. _____

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Please check above the days and times you wish your child to attend the Program.

We do not anticipate the need for extended care, but we have read and understand the agreement in case the need should arise. (Please initial here and sign below)

It is agreed that no liability is assumed by the school or any of the teachers for injuries to persons or damage to property while taking part in the Program.

Parent's Signature: _____

Emergency Information

Parent's Name (Mother) _____ Home # _____

Work # _____ Cell # _____

Parent's Name (Father) _____ Home # _____

Work # _____ Cell # _____

In case of Emergency, please list two other people that can be reached from 2:30-5:00 p.m.

Contact 1 _____ Phone # _____ (Home, Cell or Work)
Please circle one

Relationship _____

Contact 2 _____ Phone # _____ (Home, Cell or Work)
Please circle one

Relationship _____

**St. Joseph School Extended Care Program
Fairhaven, MA
2011 - 2012**

RELEASE FORM

This form is to ensure the safety of the child/children under our care at St. Joseph School's Extended Care Program.

Child's Name _____

I, _____, the legal guardian/parent of the child listed above, do hereby give my consent/authorization for the release of my child to the following individual(s), from the Extended Care Program at St. Joseph School in Fairhaven, Massachusetts:

Name of Individual	Relationship to Child
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

X _____
Legal Guardian / Parent Signature