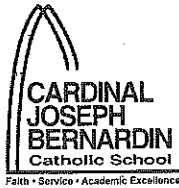


EXTENDED DAY PROGRAM
Registration and Payment Policy -- 2014-15



Many of our school families have the need for a consistent, supervised and safe haven for their children before and/or after school. For this reason, the Cardinal Joseph Bernardin School provides an Extended Day Program (EDP) offered each school day in the Church Hall (on the lower level of St. Elizabeth Seton Church). Because we have so many families who need this service, we ask that the EDP be used to assist with early-morning or after-school needs, and not as a "play date."

The CJB EDP offers supervised activities and a safe haven for your child/ren. There is a quiet Homework Room and while we cannot provide one-on-one tutoring, homework assistance is available if requested. There is an Arts & Crafts Room stocked with crayons, markers, construction paper and coloring sheets ... as well as holiday-specific craft items. There is a Play Room for students in Grades K-2 and a separate Pre-K Room for 3- and 4-year old children. There are plenty of toys ... a wide assortment of board games ... and outdoor activities in good weather.

CJB regular school hours are from 7:40am until 2:00pm. EDP will operate each day, Monday through Friday, from 6:30am until 7:15am (*before school*) and then from 2:00pm until 6:00pm (*after school*). The exceptions are early-dismissal school days such as the first and last day of school and the last day of school before Christmas break. In these instances, EDP will be offered only during morning hours.

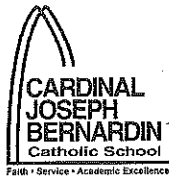
An annual registration fee of \$50.00 per family is required to enroll your child/ren. The proceeds from this fee are used to provide snacks and other materials used by the students in the Program. Families must re-register for EDP each year.

Extended Day operates on a MONTHLY payment policy. Costs are assessed according to the number of children in the family who attend EDP:

- | |
|---|
| <ul style="list-style-type: none">▪ \$5.00 per hour for one child▪ \$7.00 per hour for two children▪ \$9.00 per hour for three or more children |
|---|

Fees for "partial hours" will be pro-rated. Half the hourly fee will be assessed for the first half-hour or any portion thereof. The full hourly assessment will be charged for any time over thirty minutes. A late fee of \$1.00 per minute will be charged for any time after 6:00pm.

Families will be billed one to two weeks after the end of the month unless otherwise specified. Payment is due upon receipt. A balance beyond 30 days will suspend use of Extended Day. If you are having difficulty meeting the timeline, you must contact the Director of Extended Day. If requested, a receipt will be provided, although your cancelled check serves as same. A family statement of payments will be provided at the end of each calendar year (for tax purposes).



EXTENDED DAY PROGRAM

Registration – 2014-15

Family Surname: _____

Name of Child:	_____	Grade:	_____
Name of Child:	_____	Grade:	_____
Name of Child:	_____	Grade:	_____
Name of Child:	_____	Grade:	_____

Home address of Child/ren: _____

Home Phone Number: _____

Name of MOTHER: _____
Work Number: _____
Cellular Number: _____

Name of FATHER: _____
Work Number: _____
Cellular Number: _____

Please list anyone you will allow to pick your child up from EDP (besides his/her parents):

Please list anyone who is NOT allowed to pick your child up from EDP:

In case of a medical emergency, we will call the Orland Hills paramedics.
If you prefer alternative procedures, state them here:

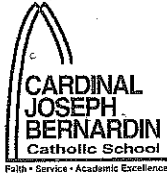
Please remember to notify the School Office if you are making any changes to your routine attendance or pick-up procedure at the Extended Day Program.

Please check appropriate box:

My payment is enclosed: check

I have paid online (this option is for existing CJB families): GiveCentral.org

EXTENDED DAY PROGRAM
Emergency Contact Information -- 2014-15



FAMILY SURNAME _____

IF WE CANNOT REACH YOU, PLEASE GIVE US TWO OTHER PEOPLE TO CONTACT.

Emergency Contact #1

Name: _____ Relationship to Child: _____

Home Phone Number: _____

Work Number: _____

Cellular Number: _____

Emergency Contact #2

Name: _____ Relationship to Child: _____

Home Phone Number: _____

Work Number: _____

Cellular Number: _____

Please list any allergies your child/ren might have, as well as any medications your child/ren may need to take during Extended Day:

Please circle the days you plan on using Extended Day: *M T W Th F*

Will you be using Extended Day in the: *AM PM BOTH* (circle one)

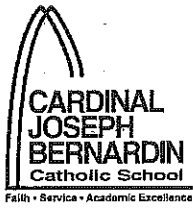
Will you be using Extended Day: *REGULARLY OCCASIONALLY* (circle one)

Occasional users must inform the School Receptionist when the child is attending.

I understand that my child/ren must abide by the Cardinal Joseph Bernardin School policies while in the Extended Day Program.

Parent/Guardian Signature: _____

Printed name of Parent/Guardian: _____



ATTENTION PARENTS of 3-year old and 4-year old PRE-K STUDENTS:

To help us plan for **EXTENDED DAY** Staffing, please complete the following.

Name: _____

My child will attend:

3PK AM PM FULL DAY

4PK AM PM FULL DAY

I plan to use the Extended Day Program for my 3-year-old

Circle one: Regularly Occasionally

I plan to use the Extended Day Program for my 4-year-old

Circle one: Regularly Occasionally