

## ST. AUGUSTINE SCHOOL EXTENDED DAY PROGRAM 2022 - 2023

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 and Nursery - 8 Extended Day programs.

The Extended Day Program for *half day* Nursery students is Mon. - Fri., 12:00-3:00. We offer extended hours for those half day students who need additional hours not offered in the regular tuition offering. The cost for the afternoon Nursery Extended Day Program is \$10.00 an hour.

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 \$12.00 a day for before school (7:00-8:30 a.m.), which includes breakfast. The cost for after school care (3:00-5:00 p.m.) is \$10.00 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.

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 (with the exception of school cancellations).

Please complete the attached form and return it in an envelope marked "Extended Day Attn: Donna Canning" to the main school office *as soon as possible, but by no later than May 20, 2022*. You may also email it to Donna at [dcanning@staugustineandover.org](mailto:dcanning@staugustineandover.org). Once received, a \$50.00 non-refundable deposit will be withdrawn through your FACTS agreement. This payment will be deducted from your September 2022 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 978-475-2414, Ext. 47 or email Donna Canning at [dcanning@staugustineandover.org](mailto:dcanning@staugustineandover.org) with any questions.

**ST. AUGUSTINE SCHOOL EXTENDED DAY PROGRAM APPLICATION  
2022/2023**

Student(s): \_\_\_\_\_ Grade (2022/2023) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Address: \_\_\_\_\_  
 Street \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Start Date: \_\_\_\_\_

<u>Nursery</u> (half day Students)	<u>Days</u>	<u>Pick-Up Time (Circle One)</u>		
	Monday	1:00	2:00	3:00
	Tuesday	1:00	2:00	3:00
	Wednesday	1:00	2:00	3:00
	Thursday	1:00	2:00	3:00
	Friday	1:00	2:00	3:00

<u>Nursery</u> <u>through</u> <u>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 sign up for Auto Pay for Incidental Expenses in FACTS.

St. Augustine School Extended Day Program  
**PARENT/GUARDIAN AGREEMENT**  
**2022-2023**

(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  
2022 - 2023 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 \_\_\_\_\_  
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.  
We therefore recommend providing the afterschool program with emergency medications as well.  
(ex: EPI Pen, benadryl)