



2011-12

EXTENDED DAY CARE - GUIDELINES

27 N. Lavergne Ave. | Northlake, Illinois 60164 | P: 708-562-1466 | F: 708-562-0142 | info@sjvsonline.org

1. Registration/Attendance: Students must be registered through the school office. Attendance must be on a regular basis.
2. Pre-requisite: Participants **must** be enrolled in St. John Vianney School.
3. Before school: Extended day care is offered from 6:30am - 7:40am. The cost is \$5.00/hour, per family.
4. After school: Extended day care is offered from 2:15pm - 6:00pm. This is open to all students.
5. Costs: The cost of extended day care is \$5.00/hour per family with one child and \$7.00/hour per family with multiple children. (**NOTE: THERE WILL BE A \$1.00/MINUTE CHARGE FOR ANY CHILD NOT PICKED UP BY 6:00PM**)
6. Payment: Payment for extended day care is to be made **on or by** the Tuesday of each week following the use of the program. Parents who neglect to make payments on time will not be allowed to use the program again until all bills are paid. There will be a \$2 processing fee for all payments made by credit card.
7. Food: Snacks are **NOT** provided during extended day care. Children are encouraged to bring something—other than their lunches—to eat after school.
8. Extended day care is provided **on school days only**.
9. Activities: Extended day care includes outside and/or gym play, study rooms, games (both here and brought from home) and TV.
10. Discipline: The regular code of discipline for the school day will be expected of children. Special attention is given to respect and obedience to legitimate, adult authority and to remaining in the specified places allowed with adult supervision at all times.
11. Dismissal: Students will be dismissed to adults **only**. **IN ORDER TO ENSURE THE SAFETY OF YOUR CHILD(REN)**, parents are asked to come into the school building **each day** to pick up your child(ren) and sign them out. This procedure will make certain that we are releasing your child to an authorized person.

**EXTENDED DAY CARE RATES ARE SUBJECT TO INCREASE
BY 3-5% FOR THE FOLLOWING SCHOOL YEAR.**

**ACCEPTANCE OF REGISTRATION AND/OR CONTINUED ENROLLMENT IS
AT THE DISCRETION OF THE ADMINISTRATION.**

*** PLEASE PRINT ALL INFORMATION LEGIBLY ***



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Family Name: _____

Name of Child(ren): _____

Grade: _____

WE PLAN TO USE EXTENDED DAY CARE ON AN **IRREGULAR** BASIS

WE PLAN TO USE EXTENDED DAY CARE ON A **REGULAR** BASIS. PLEASE INDICATE BELOW ("X") WHICH SESSION(S) AND DAY(S) YOUR CHILDREN WILL BE PRESENT:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approximate Time	_____	_____	_____	_____	_____

In case of an emergency concerning my child(ren) during the above times, please call:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

If a parent is not available, these people are authorized to pick up the child(ren) listed above:

Name: _____ **Phone:** _____

Relationship to Parent: _____

Name: _____ **Phone:** _____

Relationship to Parent: _____