

BEFORE/EXTENDED CARE PROGRAM

St. Patrick School provides both a supervised Before School and Extended Care Program. The Multi-Purposed Room will be open at 7:45 AM until 8:15 AM for children needing before school care. Extended Care will begin at 3:00 PM and run until 6:00 PM in the Play Room.

Before School and Extended Care Fee Schedule:

<i>1 child for 30 minutes</i>	<i>\$ 1.50</i>
<i>1 child for 60 minutes</i>	<i>\$ 3.00</i>
<i>1 child for 3 hours</i>	<i>\$ 7.50</i>
<i>2 children for 1 hour</i>	<i>\$ 5.00</i>
<i>2 children for 3 hours</i>	<i>\$14.00</i>

You must provide a snack for your child/children in the Extended Care Program.

Please do not send anything that may spoil and nothing in glass containers.

Your child/children may bring snacks with them in the morning and place them on top of the lockers in the Aftercare Room or they can give snacks to Miss Amanda.

Please make sure the child's name is on the bag.

By providing snacks for their child/children, parents help keep the cost of Extended Care down.

Parents must register their child by filling out the form on the reverse side and returning it to the school office. Please list all persons authorized to pick up your child/children. Proper identification must be presented when picking up a child.

THE RECTORY DOES BILLING ON A MONTHLY BASIS. BILLS UNPAID BY THE END OF THE MONTH WILL RESULT IN THE CHILD/CHILDREN BEING UNABLE TO ATTEND THE BEFORE SCHOOL OR EXTENDED CARE PROGRAMS.

Registration Form

Child/Children's Name:

Address: _____

Phone: _____

Emergency Care in Case of Sudden Illness or Injury

Student's Name _____ **Home Phone** _____

Address _____

Father's Name _____ **Mother's Name** _____

Father's Employer _____ **Phone** _____

Address _____

Mother's Employer _____ **Phone** _____

Address _____

Other Person to Notify _____ **Phone** _____

Address _____

Physician's Name _____ **Phone** _____

Emergency Room Treatment _____ **Yes** _____ **No** _____

St. Clair _____ **Canonsburg** _____ **Washington** _____

Parent

Signature _____

Please list all person's authorized to pick up children:

_____ **Print Name**

_____ **Signature**

_____ **Print Name**

_____ **Signature**

_____ **Print Name**

_____ **Signature**