

TO: Parents/Guardians
FROM: Sister Regina Ozuzu, HHCJ
DATE: June 12, 2017
RE: Directives for Extended Day

The Extended Day program will begin on **August 9, 2017** at 3:00 P.M. Each day the program will go from 3:00 P.M. to 6:00 P.M. Attached to this letter you will find a registration form, which must be completed out and returned with a \$15.00 registration fee per family to B.L.C.S. by **August 9, 2017**. If you have more than one child entering the program, please fill out a form for each child. The registration form must be returned before your child/children may remain for Extended Day.

The fee for the Extended Day Program is \$10.00 per child, per day.

The weekly fee remains the same regardless of the time you pick up your child/children. On half-days there is no extra charge for Extended Day.

The program will also service those parents who need care on an occasional basis. If you think you may utilize the program only occasionally, you will still need to complete a registration form.

Payment is expected on Friday at the end of each week when services are used. All checks should be made out to B.L.C.S. and sent in an envelope marked "Extended Day." Families, whose bill has not been paid on Friday, may not use the Extended Day program until the balance is paid. We appreciate your cooperation.

There will be a late fee of \$10.00 for every fifteen minutes after the program closes that your child remains with us.

It is very important that we know who will be authorized to pick up your child/children. If there is any change, please notify the school with a written note. We understand that emergencies occur, please make every attempt to contact the school should you find yourself in a dilemma with regard to the program.

If there is a serious accident we will call 911 and notify parent/guardian to meet the child at the hospital. Someone from Extended Day will accompany the child and stay with the child until parent/guardian arrives.

Extended Day is a service we are offering you and your family. Children will be required to cooperate with the staff and obey the rules of the program. Any persistent problems will be discussed with the parents and may be grounds for dismissal.

We hope to extend your child's day with love, care and relaxation.

____ Initial here

_____Date

REGISTRATION FOR EXTENDED DAY 2017-2018

Name _____ Date of Birth _____ Grade _____

Home Address _____ Home Phone _____

Mother's Name _____ Business Phone _____

Father's Name _____ Business Phone _____

In the event that I cannot be reached for an emergency illness, I authorize the following persons to be notified and to act in my absence:

1) Name _____

Address _____

Phone _____

2) Name _____

Address _____

Phone _____

3) Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

The following persons are authorized to pick up my child:

1) Name _____ Relationship _____

Phone _____

2) Name _____ Relationship _____

Phone _____

3) Is your child on medication? Yes ___ No ___ If yes, please list _____

4) Does your child have any allergies? Yes ___ No ___ If yes, please list _____

The signor of this form will be responsible for payment of ALL Extended Day billing.

Parent Signature

Date

***Each child must have a registration form before he/she will be allowed in the program. A non-refundable registration fee of \$15.00 (per family) is due with this form.**

