



August 2023

Dear St. Constance School Parent/Guardian:

St. Constance School will offer an Extended Day Program for the 2023 - 2024 school year. The program includes a Before School Program as well as the After School Program. Ms. Nicole DalSanto will be supervising both sessions.

The Before School Program will run from 7:00 am until 7:50 am in the **Library**. Please enter via the **Breezeway Parking Lot Doors**. Students using this program must arrive before 7:40 am. Fees for this program are as follows:

\$8.00 for any portion of the morning session

The After School Program will run from 3:00 pm until 6:00 pm in the **Library**. Students should be picked up via the **Breezeway doors**. Fees for this program are as follows:

\$8.00 daily if students are picked up between 3:00 and 4:00 pm
\$13.00 daily if students are picked up after 4:00 pm

There is a late pick-up fee of \$8.00 for pick up between 6:00 pm and 6:10 pm. After 6:10 pm, an additional \$1.00 per minute will be added to the \$8.00 late pick-up fee. Please note that this will be strictly enforced. Late payments for either program will eliminate your child from attending until your bill is made current. All students must be signed out each day. Once a child leaves the After School Program, he/she cannot return. For example, if a child leaves ASP to go to basketball practice or a piano lesson, he/she may not return to ASP. Arrangements must be made by you for care or pick-up at this time. If a student enrolled in the After School Program participates in school related extra-curricular activities, they may use the After School Program following the activity. The After School Program includes time for homework, play time, a daily activity, and story time. An afternoon snack will be provided by the program.

The After School Program will be in operation on half days of school. **Children using the program on these days are required to bring a lunch from home.** The fees for half-days are as follows:

\$8.00 from 11:30 am – 12:30 pm - \$15.00 11:30am – 3:00pm - \$20.00 11:30am – 6:00pm

All fees for both programs must be paid directly to the school office. You will receive a billing on the 1st day of the school week following the week the program was used. **During the last week of operation, fees are to be paid on a cash basis only.** If possible, fees should be paid by a check or money order. If a child is enrolled in both programs, the fees for both programs may be combined and paid by a single check.

Attached is a family registration form and an emergency notification form. **Both forms must be filled out completely to enroll in the program.** These forms must be returned to the school office **before your child can participate.** There is a **\$20 registration fee per family.** This fee should be submitted along with your completed paperwork.

Please feel free to call the school office if you have any additional questions regarding the St. Constance School Extended Day Program.

Sincerely,
Eva M. Panczyk
Principal

St. Constance School
Extended Day Program Application

Family Name _____

Address _____

Phone number _____

Please mark and X in the appropriate places:

My child(ren) will be using the Before School Program. Yes _____ No _____

Every morning _____

To be determined weekly _____

Occasionally _____

My child(ren) will be using the After School Program. Yes _____ No _____

Every afternoon _____

To be determined weekly _____

Occasionally _____

On days of attendance in the After School Program, my child(ren) will be picked up at approximately_____.

If I do not pick up my child(ren), the following person(s) has authority to pick up my child: _____

Parent Signature

Date

St. Constance School
Extended Day Program
Student Emergency Information

_____ Grade _____ Date of Birth _____
Child's Name _____

Home Address _____ Zip Code _____

Parent/Guardian Name _____ Home Phone _____

Father's Work Phone _____ /Cell _____ Mother's

Work Phone _____ /Cell _____

Please list two people who can be contacted in emergency when the parent/guardian cannot be reached:

Name _____ Relationship _____

Address _____

Home Phone # _____ Cell # _____ Work Phone # _____

Name _____ Relationship _____

Address _____

Home Phone # _____ Cell # _____ Work Phone # _____

Please list any food products which your child may have allergies to:

Please list any health problems your child may have:

Please list any other helpful information for ASP:

Please list your child's insurance information or attach a copy of your insurance card.

Insurance carrier _____ ID #/Group Plan # _____

_____ Date _____

Parent/Guardian Signature _____

A separate emergency form must be filled out for each child in the family.