



St. Josephs School and the staff of the new Extended Day Program (E.D.P.) are looking forward to this new school year. Our new program is going to be epic! The new program will include weekly themes, physical exercise, arts and crafts, supervised homework and much, much more!

The E.D.P. is available daily from 2:15pm ~ 6:00pm, (children must be picked up by 6:00pm promptly).

Please send with your child:

1. healthy snack(s)
2. a refillable water bottle, (juice is discouraged and soda is not allowed)
3. sneakers

The E.D.P. is available on half days starting at 11:30 am ~ 6:00pm, (children must be picked up by 6:00pm promptly).

Please send with your child:

1. lunch from home
2. healthy afternoon snack
3. a refillable water bottle, (juice is discouraged and soda is not allowed)
4. sneakers

Rates:

1. There is a \$20.00 non-refundable yearly registration fee for each family. Please return the fee with the registration form to allow your children to start the program.
2. \$7.00 hourly rate
3. \$8.50 hourly rate for those who are tardy with payment
4. \$10.00 hourly rate for Emergency care

The E.D.P. week from a payment perspective is from Monday ~ Friday. Bills will go home with your children every Monday, payment is expected no later than the Friday of the same week. Late payment will result in an increase of the hourly rate as well as a \$10.00 charge per billing cycle. Please make your checks payable to St. Joseph School.

All families who would like use of the E.D.P. will need to have this form on file.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THE ABOVE REQUIREMENTS AND AGREES TO PAY THE CHARGES DESCRIBED ABOVE FOR THE 2017-2018 E.D.P.

Signature: \_\_\_\_\_

Please fill out the attached registration form and return the form to school. This form is required for use of the E.D.P. The \$20.00 registration fee is per family, not per child, this includes siblings in the preschool program

**Extended Day Program Registration 2017-18**

Family last name \_\_\_\_\_

Child's first name \_\_\_\_\_ Grade \_\_\_\_\_

Second Child \_\_\_\_\_ Grade \_\_\_\_\_

Third Child \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel# \_\_\_\_\_

Mom's Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Dad's Cell# \_\_\_\_\_ Work# \_\_\_\_\_

**Persons authorized to pick up child/ren:**

1. Name \_\_\_\_\_ Phone# \_\_\_\_\_

2. Name \_\_\_\_\_ Phone# \_\_\_\_\_

**PLEASE INDICATE ANY PERSON OR PERSONS WHO ARE NOT ALLOWED TO PICK UP CHILD/REN** \_\_\_\_\_

**ALLERGIES OR MEDICAL CONDITIONS (PLEASE BE SPECIFIC)**

\_\_\_\_\_  
\_\_\_\_\_

Check one: \_\_\_\_\_ New Registration \_\_\_\_\_ Re-registration

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**For office use only:**

ASP Registration Fee Paid \$ \_\_\_\_\_

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

