



# St. Helen Catholic School

2050 Vero Beach Avenue, Vero Beach, Florida 32960

## Extended Day Program

### General Information and Authorization

St. Helen offers care after school for St. Helen Catholic School students from kindergarten through 8<sup>th</sup> grade. The new program will provide students quiet study/reading time, organized play time, and when funds permit, arts and craft time. Through the program, students will have the opportunity to further develop their social, physical, and intellectual skills and talents. Our mission is to provide the aforementioned in a safe, secure, loving environment.

Extended Day Hours: Regular School Days Monday – Friday 3:30 – 5:30 p.m.  
Noon Dismissal Days 12:30 – 2:00 p.m.  
Extended Day is only offered on days that school is in session.

Extended Day *limited use* Phone Number: 772-404-1058

This number is to be used to contact the personnel of Extended Day to notify them of extenuating circumstances regarding your child(ren) during the Extended Day hours such as difficulty picking up your child(ren) on time. This number is *not* to be used to call and ask simple questions such as, “Are the children going to be playing inside or outside today?” Extended Day personnel will not answer the phone but will retrieve messages left through voicemail.

Rates: \$6.00 per hour (per child)  
\$60.00 per week (for one child)  
\$100.00 per week (family rate – for two or more children)

Late charge: There is a \$1.00 per minute per child late fee after a five minute grace period. If the child is picked up late excessively, it is the right of the program to discontinue service.

Billing/Payment: Statements will processed on a monthly basis. Payment is expected within 30 days of the billed date.

Family Information: It is the responsibility of the parent to keep Extended Care family records current. Updates at the school office do *not* automatically update your child’s information at Extended Day.

Sign-out Procedures: Parents/guardians must sign their child(ren) out before leaving the program for the day. A child will only be released to an adult(s), for whom written authorization has been given, which is maintained in the child’s file.

Snacks: Every day after dismissal, the children will be given time to eat a snack. Snacks are *not* provided through the program. Parents/guardians should provide their child a snack for after school. The snack room will open for a short time after school. No IOU’s.

- Lunch:** Lunch will *not* be provided on early dismissal days. Time is allotted to eat lunch, however, lunch must be provided by parents/guardians.
- Gum:** Chewing gum is *not* permitted during the school day or at Extended Day.
- Weather:** During pleasant weather, Extended Day, after homework/reading time, will go outside to play. Students may change to play clothes but must follow TAG day guidelines. During inclement weather, Extended Day will more than likely be in the gym or the art room.
- Extras:** iPhones, iPods, Gameboy, and the like are *not* to be used during Extended Day. Children are *not* to bring their own toys, balls, etc., including trading cards, to Extended Day. This after school time is for playing and socializing together with the equipment and materials provided by Extended Day.
- Behavior:** Students are expected to conduct themselves at all times in a Christian manner and in a manner that shows respect for authority, fellow students, and the school. Inappropriate language, defiant disobedience, physical outbursts, or taking things that belong to someone else, are not acceptable behaviors and will *not* be tolerated. Unacceptable behavior may be grounds for dismissal from the program.
- Rules:** The rules for a safe, well-run Extended Day program are not limited to the aforementioned. Personnel of the Extended Day program have the authority to take corrective measures regarding student behavior as deemed appropriate. In all cases, the principal has the final say as to what behavior warrants corrective measures.

### **Parent Agreement**

- I agree to supply all required registration and medical paperwork prior to my child attending Extended Day. (3 forms – General Authorization, Registration, Emergency Information)
- I understand that all delinquent or past due tuition or Extended Day payments may result in my child being withdrawn from the Extended Day program.
- I certify that I have received, read and understand the information contained in this agreement.
- I agree to the financial terms and conditions listed on this page.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Student Agreement**

- I agree to abide by all of the rules set forth in this agreement and those set by the Extended Day personnel.

Child's Name \_\_\_\_\_ Signature/Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Signature/Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Signature/Date \_\_\_\_\_



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**Extended Day Program  
 Registration Form**

**Family Name** \_\_\_\_\_ **Date** \_\_\_\_\_

(If student's (s) name is different from the family name, please list her/his last name first and then the family name)

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Student(s) lives with:** \_\_\_ **Father** \_\_\_ **Mother** \_\_\_ **Other, please indicate relationship**

\_\_\_\_\_

**Please list names of Parents/Legal Guardians. Attach a copy of court order if custodial restrictions are in effect.**

Please Print	Parent/Guardian #1 ___Mother ___Father ___Other If other, indicate relationship _____	Parent/Guardian #2 ___Mother ___Father ___Other If other, indicate relationship _____
<b>Name</b>		
<b>Address</b>		
<b>Cell Phone</b>		
<b>Home Phone</b>		
<b>Work Phone</b>		
<b>Place of Employment</b>		
<b>Custodial Restrictions?</b>	If yes, indicate	If yes, indicate
<b>Child resides with:</b>	Parent/Guardian #1	Parent/Guardian #2

**Family child(ren) registering for St. Helen Catholic School Extended Day**

Name	Grade	Date of Birth	Gender (M/F)

**Other Persons to whom St. Helen Extended Day is authorized to release a child:**

We will only release the child to adult(s) for whom this written authorization has been given, which is maintained in the child's Extended Day file.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Please list names of anyone who should NOT pick up your child from Extended Day.**

Provide Extended Day with a certified copy court custody papers or restraining orders.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Extended Day Program Emergency Contact Information Medical/Surgical Release and Treatment

**Family Name** \_\_\_\_\_ **Date** \_\_\_\_\_

(If student's (s) name is different from the family name, please list her/his last name first and then the family name)

<u>Child's Name</u>	<u>Grade</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Primary address of child(ren)** \_\_\_\_\_  
\_\_\_\_\_

I, as a parent or guardian of the above mentioned minor child(ren), hereby give my consent to emergency medical, surgical, or dental treatment in the event of an accident, injury, sickness, or other event of an emergency nature which would require immediate treatment of the above stated child(ren). I understand that St. Helen Catholic School will notify me as soon as possible of its actions with regard to such treatment, and that St. Helen Catholic School will attempt to reach me prior to such treatment if circumstances permit.

I hereby release St. Helen Catholic School and it's employees, including faculty, staff, volunteer staff, and maintenance personnel, from any liability by reason of the exercise of emergency medical, surgical, or dental treatment of the above listed child(ren), pursuant to this release, except liability for bad faith in the exercise thereof. I further understand that there is no limitation to the treatment that may be used, as long as it is within the standards of generally accepted medical, surgical, or dental practice, and I have listed hereunder any limitations thereto with respect to same concerning the above listed child(ren). (Such as prohibitions to treatment, specific allergies, drugs, etc.)

**Limitations** \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_  
Insured Member \_\_\_\_\_ Policy Number \_\_\_\_\_  
Group Number \_\_\_\_\_

Hospital Preference \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Please state any allergies or serious medical conditions.** Indicate the child's name followed by the allergy or medical condition.

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

\_\_\_\_ My child(ren) does not have any allergies or serious medical conditions you should be made aware of at this time. If there is a change, the school will be notified immediately.

**If we are unable to contact either parent or legal guardian, to whom should we contact, in the order you provide:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Please indicate who you would like us to contact FIRST in the event of an emergency:**

\_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Other, please indicate \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Signature/Date \_\_\_\_\_ Signature/Date \_\_\_\_\_