

EXTENDED DAY - SCHOOL ENRICHMENT APPLICATION

Dear St. Albert's Parents,

Welcome to St. Albert's Extended Day Program. We will offer care for St. Albert's students before and after school. Our program begins **August 21, 2023** and will end on the last day of school.

- **Morning Care: 7:00 - 8:00 am:** This program is hosted in the Gym. Parents and students may ring the doorbell located to the left of the gym door, and a leader will let them in. Morning care offers board games, coloring, indoor recess time, and educational videos daily. At 8:00 am, students are escorted outside to the playground, and will be supervised by school staff until the school bell rings.
- **After School Enrichment: 3:30 - 6:00 pm:** This program will be housed completely within the school boundaries. At the end of the day the aftercare leaders for K-2nd grade will escort your child from their classroom to the Gym to sign them in. Grades 3rd-8th will be released from their respective classrooms to meet their leaders in the Gym to sign in. All students who are on campus without parental supervision will be signed into the After Care program. Your child will be provided homework time during the enrichment program. Please note that we cannot force a child to do homework but will encourage the student to do so. Quiet time will be provided.
- **Early Release: 12:30 - 3:15 pm:** We continue to provide extended care during school early release days. We can provide care until the end of the normal school day; after which, the student can be dismissed to you or continue to the regularly scheduled After School Enrichment Program. Please be aware that we accommodate the students in the Gym/Hall during this portion of the care time and that no lunch or snack will be provided by the Extended Day program. It will be up to the individual family to ensure that the nutritional need of their student is met. **The Early Release Day Fee** of \$15.00 per child is per-use for everyone. This amount is in addition to the after-school option if you student stays after 3:15 pm.
- **Pickup Procedure:** When you arrive to pick up your student, please text 775-800-6714 with your name and the name of your child. This will be sent out to all extended day leaders, and we will walk your child out soon after, be prepared to show I.D. if asked.

Weekly Fees for Extended Day			
	One Day	Two Days	Weekly Rate (3 days or more)
Morning Care	\$10	\$20	\$30
After Care	\$30	\$60	\$75
Early Release	\$15 Per Use		

Registration Fee: \$50.00 (PER CHILD)

Registration fees are to be paid in ADVANCE the first day the child attends.

Daily fees for extended day will be charged to your FACTS account the following Monday. Payment must be made within two weeks of receiving an invoice, or a \$10.00 late fee will be assessed.

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Child's Name: _____ Birthday: _____ Grade: _____

Address: _____ City/Zip: _____

Mother's Name: _____ Email _____

Home Phone: _____ Work Phone: _____ Cell : _____

Father's Name: _____ Email _____

Home Phone: _____ Work Phone: _____ Cell : _____

Child's Allergies / Medical Conditions that staff members should be aware of:

To help forecast: Please place an "X" by the days that you intend your child will use this program:

Before School: M__ T__ W__ TH__ F__

After School: M__ T__ W__ TH__ F__

Early Release Program: ___ Yes ___ No (Early Release is from 12:30-3:15 on days the school is scheduled as a half day. Note: After care is then provided from 3:15-6:00 pm)

- Please Note: * Our Staff cannot dispense or administer any medication
* Please be prepared to show identification when picking up children
* If you have not picked up your child by 6:00 p.m.; A fee of \$1.00 per minute will be assessed.

Please list any addition person (s) authorized to be contacted for emergencies or to pick up your child. Your child will NOT be released to anyone other than yourself and persons listed below unless prior written authorization is given.

NAME: _____ Relationship: _____ Phone: _____

NAME: _____ Relationship: _____ Phone: _____

In case of severe or life-threatening injury, I do hereby give my permission to St. Albert the Great Extended Day School Enrichment program to call emergency medical personnel or to call a physician if it is not possible or prudent to contact me first. I hereby agree to pay for such emergency care and request that DR. _____ be called at Phone: _____ .

I, the undersigned, parent or guardian, agree to hold St. Albert the Great Extended Day School Enrichment program and all its agents, St. Albert the Great Catholic Parish Corporation, The Roman Catholic Bishop of Reno, and His Successors, A Corporation Sole, harmless for all suits, claims or every kind and character arising out of and in conjunction with this program at St. Albert the Great. It is understood that some recreational activities involve an element of risk and danger of accidents, and acknowledge this, I assume all risks.

Parent Signature: _____ Date: _____

If you need to contact the Enrichment Program, please call: Thomas Leeming at 775-800-6714 or email at tleeming@stalbertreno.org.