

Saint Leo the Great Catholic School
3704 Old Lee Highway
Fairfax, Virginia
703-273-1211 ext. 648 703-273-6113 (fax)
bfigueiredo@saintleothegreatschool.org

Extended Day Program

703-359-6648

2011-2012 Academic Year

Dear Parents/ Guardians and Students:

Welcome to the "Extended Day Program" at St. Leo the Great School for the 2010-2011 academic year. As an extension of our Catholic School, our philosophy and goals are the same. We recognize that each child is created by God and is unique in his/ her gifts and talents. We offer an environment where children are nurtured and learn how to develop social skills, compassion and values. This is accomplished in the manner that Jesus taught us- to treat others as they want to be treated- with love, kindness and respect. We provide a safe and caring environment in our Center as students come from the classrooms to the Extended day Program. Students can do their homework in Study Hall, socialize with their friends, listen to music and story telling and explore their artistic abilities through art projects. We offer a variety of fun activities every day. The students also have time to enjoy indoor basketball and games as well as outdoor play (weather permitting).

Information about the Program- available only to St. Leo the Great School students K- 8th grade.

Starting date- Tuesday, September, 6th 2011. Registrations will be processed during the 1st week of school.

Sessions- A.M – 6:45to 7:45 and PM- dismissal time to 6:00pm. Any changes will be indicated in the school web calendar.

Snack time will be provided. Students are responsible to bring their own food and drinks- labeled with name and date. Identification is needed because of food allergies.

Please send the **complete** registration form directly to the Extended Day Program or to the front office.

Financial Information: Registration fee- \$75.00 per family/per year. The **hourly rate** is \$6.00 per hour/per student. First ½ hour in the PM session is \$3:00. **Late pick up fee-** after 6:00pm or scheduled dismissal time for that day- \$25:00 per 15 minutes or part thereof. The late fee also applies(in addition to the hourly fee) when school is dismissed early and in special situations such Thanksgiving, Christmas and Easter break.

Please make checks payable to "St.Leo the Great Extended Day Program"

A wallet size picture of every student enrolled in the Program is appreciated.

This registration form can also be obtained from the school's web site.

If you have any questions, feel free to contact the Extended Day Office at 703-359-6648, when the program is in session, or the school office at 703-273-1211-ext. 648 from 8:00 am- 3:00pm. You may also leave a message and we will return your call. The cell phone number for Extended Day is 571-209-8002. We are looking forward to a very exciting, rewarding and productive year with all our Extended Day students.

Together in God's Light,

Bianca Figueiredo
Director
Extended Day Program

Allison Sarmuksnis
Assistant Director
Extended Day Program

Extended Day Program

Date of check _____
Amount _____
Check No. _____
Cash Amt. _____

REGISTRATION AND EMERGENCY FORM

To enroll your child (children) in the Extended Day Program, complete both sides of this form, include the \$75.00 per family registration fee and return to the Extended Day Office or the school office in an envelope addressed to the Extended Day Program. **All information must be completed in full.** **Please print or type clearly.** (Reminder: During the school year, if there are changes to the information listed below, please notify the Extended Day Office, in writing, immediately).

SCHEDULE:

I intend to use the Extended Day Program:

	MON	TU	WED	TH	FRI
MORNINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE PRINT:

FULL NAME OF CHILD
(NICKNAME IF APPLICABLE)

DATE OF BIRTH
(Month / date/year)

GRADE/ ROOM # /
TEACHER'S NAME

CHILD'S HOME ADDRESS

Home Telephone No

Cell

Zip Code _____

FATHER'S HOME ADDRESS

Home Telephone No.

cell

Zip Code _____

MOTHER'S HOME ADDRESS

Home Telephone No

Cell

Zip Code _____

BILLING INFORMATION: Bills should be addressed to: (Include full name and address)

Name _____
Address _____
_____ Zip Code _____

Father's Full Name _____
Employer's Name _____
Employer's Address _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Mother's Full Name _____
Employer's Name _____
Employer's Address _____

_____ Zip Code _____
Home Phone _____ Work Phone _____ Cell/Pager _____

EMERGENCY INFORMATION

This section MUST BE COMPLETED IN FULL before your child/children will be allowed to attend the Program. You MUST list two, or more, friends or relatives (**local**) that can be contacted when neither parent/guardian can be reached. For each name you MUST provide TWO contact phone numbers. These names and numbers will be used in cases of emergency or when the child has not been picked up within two hours after an unscheduled early dismissal due to inclement weather, or some other circumstances. Picture ID will be required.

IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO UPDATE TELEPHONE NUMBERS IMMEDIATELY WHENEVER THERE IS A CHANGE. WE MUST KEEP THESE UPDATED FOR ANY EMERGENCIES THAT MAY ARISE.

Name _____
Address _____
_____ Zip Code _____
Home Phone _____ Work Phone _____ Cell/Pager _____
Relationship to child _____

Name _____
Address _____
_____ Zip Code _____
Home Phone _____ Work Phone _____ Cell/Pager _____
Relationship to child _____

Name _____
Address _____
_____ Zip Code _____
Home Phone _____ Work Phone _____ Cell/Pager _____
Relationship to child _____

Name _____
Address _____
_____ Zip Code _____
Home Phone _____ Work Phone _____ Cell/Pager _____
Relationship to child _____

Name _____
Address _____
_____ Zip Code _____
Home Phone _____ Work Phone _____ Cell/Pager _____
Relationship to child _____

Names of persons **NOT AUTHORIZED** to pick up your child. (Attach an additional sheet if more room is needed).

Name _____
Address _____
_____ Zip Code _____
Home Phone _____ Work Phone _____ Cell/Pager _____
Relationship to child _____

Name _____
Address _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell/Pager _____
Relationship to child _____

CARPOOLS

My child (children) will be picked up from the Extended Day Program by a carpool.
(Picture ID will be required.)

Name of adult driver: _____
Telephone of driver: Home: _____
Work: _____
Cell/Pager: _____

Days and times of the carpool pick-up: _____

I give permission for my older child (sibling under 18 years old)

_____ (first and last name) to pick up my younger
child (children) from the Extended Day
Program. _____

Parent/Guardian Signature

MEDICAL INFORMATION

Child's Physician _____
Phone Number _____
Insurance Company _____
Policy Number _____

Allergies/Special Instructions/Medical Problems:

Medications Taken Regularly:

Other Important Information That We Should Know About Your Child:

Occasionally, a teacher or school staff person may request a student's assistance after dismissal. Please check one:

_____ I give permission for my child (children) to assist a teacher or staff person after dismissal, in the school building.

_____ I do not give permission for my child (children) to assist a teacher or staff person after dismissal.

Parent/Guardian Signature _____

******* ATTENTION - IMPORTANT NOTE *******

Appropriate paperwork, such as, divorce decree, separation agreement, and/or court order **MUST BE ATTACHED** if a parent is *not allowed* to pick up the child. Please also enclose your visitation Rights, if any exist.

PLEASE READ AND SIGN THE FOLLOWING STATEMENTS:

I agree to notify the school within 24 hours if my child or any of my immediate household has developed a communicable disease or if the disease is life threatening. I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the emergency contacts will be called to pick up my child. Additionally, in a case of severe injury or life threatening illness warranting emergency room care, the Rescue Squad will be called and the parent will be notified. School personnel never transport children to the hospital due to insurance restrictions. I hereby authorize its medical staff to provide treatment, which a physician deems necessary for the well-being of my child.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

IMPORTANT!!! ALL FAMILIES WHO DO NOT PLAN TO USE THE EXTENDED DAY PROGRAM MUST COMPLETE THIS EMERGENCY FORM. (NO REGISTRATION FEE IS REQUIRED WITH THIS FORM.)

To ensure their safety and supervision, the children who are not picked up at the end of the school day by a parent/guardian or scheduled carpool are brought to the Extended Day program by the teacher on duty. Should an emergency occur, this form will provide us with the minimum necessary information.

PLEASE PRINT:

Full Name of Child (children) _____ Date of Birth _____ Grade/Room/ Teacher's name _____

Medical condition(s) and/or Allergies: How are these usually controlled? Special instructions Medications used.

Medications taken on a daily basis or regularly:

Any other important information that we should know about your child (children)?

Child (children)'s Physician's Name _____

Phone _____

Father's Name _____ Phone: Home _____

Work _____ Cell/Pager _____

Mother's Name _____ Phone: Home _____

Work _____ Cell/Pager _____

Carpool Driver: _____

(printed name of driver)

Phone: Home _____

Cell/Pager _____

Emergency Contacts:

1. Name _____ Phone: Home _____

Work Phone _____ Cell/Pager _____

2. Name _____ Phone: Home _____

Work Phone _____ Cell/Pager _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

NOTE: The first time a child attends the program, the family will be charged by the hour. For attendance on subsequent days, the \$75.00 registration fee must be paid in addition to the hourly rate. The hourly rate is \$6:00 per hour/per student.