



St. Vincent de Paul Regional School

Faith-filled † Family Centered † Future Leaders Serving Others

EXTENDED DAY RATES 2022-2023

| Time | 1 Child | 2 Children | 3 Children |
|----------------------------------------|---------|------------|------------|
| 2:15 – 2:45 p.m. | \$ 5.50 | \$ 6.50 | \$ 8.50 |
| 2:15 – 3:15 p.m. | \$ 7.50 | \$ 9.50 | \$10.50 |
| 2:15 – 6:00 p.m. | \$12.50 | \$14.50 | \$17.50 |
| Families that use program 5 days/week: | \$62.50 | \$72.50 | \$82.50 |

Extended Day is an after-school program available from 2:15 – 6:00 p.m. each school day. On days that school dismisses at noon, extended day will end at 4:00 p.m.

Our program is ideal for families who are unable to pick up their children by the end of the school day and can also be used when students stay for other after school activities. Of course, when you know in advance you will need after school care, you can sign up early. However, we are also here for those times when something unexpected occurs.

A typical afternoon at Extended Day begins with a snack from home and some free time to play outside. We then move on to homework. Very often, homework is finished by the time parents come to pick up their children!

Students have fun at Extended Day! They are given time to unwind at the end of a long school day. They also have the opportunity to socialize with children of all ages and form relationships with teachers outside of the classroom!

Please inquire if you are in need of care for your child(ren) before the school day begins.



St. Vincent de Paul Regional School Extended Day Registration

This form must be completed in order to use the extended day program at any time during the school year.

A \$15.00 Registration fee per child must accompany this application.

Child's Name Age Grade Allergies

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Physician's Name: _____ **Phone:** _____

Special Instructions: _____

Mother's Name _____ **Employer** _____

Home Phone: _____ **Work#** _____ **Cell#** _____

Father's Name: _____ **Employer** _____

Home # _____ **Work#** _____ **Cell#** _____

In the event of an emergency or illness situation, please list the names of **all** people authorized to pick up your child.

Name: _____ **Address** _____

Home# _____ **Work#** _____ **Cell#** _____ **Relationship** _____

Name: _____ **Address** _____

Home # _____ **Work#** _____ **Cell#** _____ **Relationship** _____