

Extended Day Program

The Extended Day Program takes place in the school cafeteria. The program hours are from 3:00-6:00 PM. The Extended Day Program is NOT offered on early dismissal days. The program can be used on a daily basis and also on an as-needed basis by simply sending a note with your child informing the classroom teacher and the school office.

The focus of the program is to provide a safe environment for children during after school hours until their parent or guardian is able to pick them up. All children in the program must have an Extended Day Contact Form filled out and turned into the school. This form will list the person(s) to whom the child may be released. Please send the form in on the first day of school or prior to your child attending the program.

Each child will need to bring their own snack appropriate for the duration of their stay. Your child may bring electronics, crayons and coloring books or small toys that they are able to play with at their seat. We will follow the safety guidelines set forth by the school.

When picking up your child, parents will not be permitted to enter the cafeteria. We will bring your child and the sign out sheet to the door. We will ask you to view and verbally verify the time and the teacher will initial the form.

The charge per child for the program:

1 hour-\$10

2 hours-\$12

3 hours-\$14

A late fee of \$10.00 per every 5 minutes will be added for pick-up after the close of the program.

Habitual late pick-up may cause removal from the program.

Your child/children will be removed from the program for lack of payment, discipline problems or not following the school policies. The Extended Day Program is considered an extension of the Archangel Gabriel School Day.

Invoices will be emailed monthly, beginning in October. If payment is not made by the due date, your child will not be permitted to utilize the program until payment is received.



Extended Day Program

Contact Form

Child's Name: _____

Grade Level: _____

Person(s) to whom child may be released:

1. _____
2. _____
3. _____

*If anyone not listed will be picking up your child, please contact the school office or your child(ren) will not be released to that person.

Person(s) to be contacted in an emergency after school hours:
(Please include their phone number.)

1. _____
2. _____
3. _____

Please list any special dietary or medical information we should be aware of:

For billing: Parent's email: _____