

**Saint Wendel Catholic School Extended Care Program  
2018-2019**

**This service includes but is not limited to:**

- |                     |  |
|---------------------|--|
| 1. Safe environment | 4. Rated "G" movie                               |
| 2. Healthy snack    | 5. Reading time/assistance with his/her homework |
| 3. Recess           | 6. Games/art activities                          |

**Name of Student(s) enrolled:**

\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

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

**Parents/Guardians:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person(s) authorized to pick up/contact if parent(s)/guardian(s) cannot be reached:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Child Care Needed: Per Child**

\_\_\_\_\_ Kindergarten - 8<sup>th</sup> (3:00 pm – 6 pm)                      \$5.00/Day

Parents, please try to keep track of the days your children go to Extended Care. The office will also keep a record of your child's attendance. Please send payments to the school office.

**Please indicate the days needed:**

1. M T W TH F
2. My schedule will frequently change due to work schedules.
3. Drop-in use

\_\_\_\_\_

**Parent/Guardian's Signature**

\_\_\_\_\_

**Date**