

Saint Wendel Catholic School Extended Care Program

2024-2025

This service includes but is not limited to:

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|---------------------|--|
| 1. Safe environment | 4. Rate "G" move |
| 2. Healthy snack | 5. Reading time/assistance with 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 - 8th (3:00 pm – 6 pm) \$7.00/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