Saint Wendel Catholic School Extended Care Program 2023-2024

1. Safe environment	
	5. Reading time/assistance with his/her homework
3. Recess	
Name of Student(s) enrolled	
	Grade
	Grade
	Grade
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 Ch	
Kindergarten - 8 th (3:00	
	the days your children go to Extended Care. The office will also dance. Please send payments to the school office.
Please indicate the days need	ded:
1. M T W TH F	
2. My schedule will freque	ently change due to work schedules.
3. Drop-in use	
Parent/Guardian's Si	gnature Date