Saint Wendel Catholic School Extended Care Program

2026-2027

This service includes but is not limited to:

1. Safe environment
2. Healthy snack
3. Recess
4. Rated “G” and “PG” movies
5. Reading time/assistance with homework
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**