



ST. JOSEPH SCHOOL

EXCELLENCE IN CATHOLIC EDUCATION

May, 2021

2021-2022 EXTENDED CARE PROGRAM

Dear Parents,

We will be starting a new year of the St. Joseph Extended Care Program in 2021-2022. We hope to meet the needs of the students and parents with this program. To assist in the final planning for the upcoming year, your cooperation is requested. If you plan on using the program, please complete the attached form and return it (along with the \$30 per child registration fee) to the School Office, Attn: Extended Care Registration as soon as possible. The cost for each student will be \$5.50 per hour. A handbook and Emergency Information/Waiver Form will be sent to those registered in the program in August.

1. The Before School Extended Care program opens at 7:00 a.m.
(Students are not to come prior to 7:00 a.m.; no supervisor will be available earlier than that, so do not drop your child off to school prior to 7:00 a.m.)
2. The After School Extended Care program operates from 2:20 to 5:30 p.m. on school attendance days.
3. Time is allowed for supervised physical play time in the gym or outside, snack, working on homework and supervised indoor play.
4. Extended Care closes at 5:30 p.m.; your child must be picked up by then, or a late fee will be charged.
5. The program is open to St. Joseph students enrolled in PreK4+ to grade 8.

Each month a calendar will be sent home and you will mark the days your child will attend. If your plans change on a particular day, you must send a Travel Note to school that day informing us of your change in plans; the office will notify Extended Care personnel. More information will be provided in the Extended Care Handbook at the beginning of the 2021-2022 school year.

The Extended Care Program will begin on Tuesday, August 24, 2021.

Sincerely,
Jane Krueger
Extended Care Program Director

Registration for St. Joseph Extended Care

Children's name(s), grade(s) and homeroom number(s) (if known) for the 2021-2022 school year:

Address: _____

Phone: (H) _____

(W) _____

(W) _____

(C) _____

(C) _____

Parents' emails: _____

Mother's Name & Work Phone: _____

Father's Name & Work Phone: _____

Allergies/medical conditions of your child: _____

Please attach your non-refundable registration fee of \$30.00 for each child (not per family). Please make checks payable to St. Joseph Extended Care.