Registration Form   2022-2023 School Year

The Extended Day Program at Cheverus Catholic School of Sacred Hearts Parish is a complete after school activity that is offered to all parents who have children enrolled in the school from preschool through eighth grade. The program includes outdoor play, weather permitting, as well as quiet time for supervised homework. The program is available daily from 2:00 p.m. until 5:30 p.m. during regularly scheduled school days, early dismissal days beginning at 11:30 a.m. The program is only available on days there is school.

- Children must be picked up promptly at 5:30 p.m. A fee will be charged for late pick-ups -- ($10.00 up to the first five minutes and $5.00 for each additional minute). **This fee is payable when your child is picked up or must be paid before your child returns for the next Extended Day session.**

- You **MUST** provide your child with a **snack and drink each day they attend EDP**. Snacks and drinks are not provided by the EDP program.

COVID-19
We will be following all COVID-19 Protocol under the guidance of the Department of Elementary & Secondary Education, developed in collaboration with the Department of Public Health and the Executive Office of Health and Human Services.

Discipline
Each student is expected to behave in the same manner as during regular school hours. The Extended Day Program will follow the guidelines established in the Cheverus Catholic School Parent-Student Handbook. Respect will be shown for the staff, other students, and school property and program rules. Anything less will not be accepted, and repeated disciplinary problems will be subject to dismissal from the program.

Safety
No student will be allowed to leave the program until a parent, guardian, or registered pickup person checks with a member of the staff and signs the student out.

Homework
A portion of the program each day, except for Fridays, is designated "Quiet Time" and students may use this time to work on homework assignments. Although the staff will try to help with any questions, this is not to be considered a tutoring session. Parents should check any homework done during this time.

Payment
The Extended Day Program is $22 per day for all students. Students picked up before 3:30 p.m. pay $11. **All fees are to be paid weekly**. Invoices will be distributed on Mondays for the previous week's dates that your child attended the program. **Payments are due promptly and can only be in arrears for 2 weeks.**

CHEVERUS CATHOLIC SCHOOL of SACRED HEARTS PARISH
EXTENDED DAY PROGRAM
30 Irving Street, Malden, MA 02148
781-771-0908

Registration Form

_____   _____   _____
Student Name   Date of Birth   Grade/Room

_____   _____   _____
Street Address   City   Zip Code

_____   _____
Email   Home Phone

_____
Mother's Name   Address

_____   _____   _____
Home Phone   Cell Phone   Work Phone

_____   _____
 Father's Name   Address

_____   _____   _____
Home Phone   Cell Phone   Work Phone

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| ADDITIONAL PERSONS AUTHORIZED TO PICK UP / EMERGENCY CONTACTS TWO NAMES MANDATORY |

_____   _____   _____
Name   Address   Phone

_____   _____   _____
Name   Address   Phone

Please be advised when someone other than the parent or legal guardian is picking up your child, they will be asked to provide proper identification.

I HAVE READ THE STIPULATIONS OF THE EXTENDED DAY CONTRACT AND FULLY AGREE TO ABIDE BY THEM.

Child's Name_____

Parent Signature_____   Date _____
Please sign & return

CHEVERUS CATHOLIC SCHOOL 2022-2023
<u>STUDENT INFORMATION</u>

Student Name	
Homeroom	
Mail Name	
Street	
City	
State	
Zip Code	
Home Phone	
Gender	
Date of Birth	
Race	
Language	
Mother's Name	
Mother's Cell Phone	
Mother's Work Phone	
Father's Name	
Father's Cell Phone	
Father's Work Phone	
Mother's Employer	
Mother's Occupation	
Father's Employer	
Father's Occupation	
Email 1	
Email 2	

EMERGENCY CONTACTS

*(If neither parent can be reached, permission is granted to call the following who will assume responsibility for the care of the child. **<u>Two contacts must be provided</u>**.)*

Contact 1	
Relationship 1	
Phone 1	
Contact 2	
Relationship 2	
Phone 2	
ALLERGIES	

_____   _____

Signature of Parent or Guardian   Date