



# AVE MARIA ACADEMY

## *Extended Day Program*

2023-2024

Dear Parents and Guardians,

Welcome to Ave Maria Academy's Extended Day Program. The program will be available before school starting at 7:00 AM and after school until 6:00 PM for children in our 4-year-old full-day Pre-kindergarten through eighth grade. The Extended Day Program will be available to our families **starting Monday, August 28, 2023** through the last FULL day of school for the 2023-2024 academic year. Extended Day services will not be offered during school vacations, holidays, snow days, or any other unforeseen emergency that would close Ave Maria Academy. Our Before School Extended Day Program will not be available on days where we have a two hour delay and our After School Program will not be available on early dismissal days.

The purpose of our program is to provide safe, convenient, affordable care within our Catholic environment for our school families. Students will have the opportunity to work on homework, have a snack, and participate in recreational and enrichment activities. Our program is supervised by certified Ave Maria Academy staff under the direction of the principal.

There is a \$25 Annual Registration Fee per family, that must be paid every year. The hourly fee schedule is as follows:

<b>Families with K-8 students only:</b> 1 child - \$8/hr 2 children of the same family - \$14/hr 3 children of the same family - \$16.50/hour	<b>Families with 4 Year Pre-Kindergarten (full day) -8 students:</b> 1 child - \$10/hr 2 children of the same family - \$15/hr 3 children of the same family - \$17.50/hour
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If a parent is delayed picking up their child(ren) after school, the child(ren) WILL NOT automatically be sent to Extended Day. Parents will pick their child(ren) up at the school office. Only students registered for Extended Day are permitted to attend.

To participate in the Extended Day Program, please complete the following:

Read the Extended Day Agreement and Guidelines.

Complete, sign, and submit the registration form with completed emergency information before the first day of school.

Pay the \$25 annual registration fee. (cash or checks made payable to Ave Maria Academy)

Fill out the Program Attendance Calendar on a monthly basis.

If your child(ren) participate(s) in an after school sport or activity, and you intend to send them to the After School Extended Day Program, you must indicate that in the Monthly Reservation Form or send a note or email to the school so that Extended Day staff know when to expect your child(ren) to arrive in the Extended Day room. Also, it is your responsibility to let the coach or moderator know that your child will need to go to Extended Day following the sport or activity.

We look forward to offering a successful Extended Day Program that will meet the needs of our school families.

Sincerely,

The Ave Maria Extended Day Staff

**Ave Maria Academy**  
**Before and After School Extended Day Program**  
**Agreement and Guidelines**

I will complete and submit the Extended Day Attendance Calendar by the 25<sup>th</sup> of each month. I understand that any adjustments to my schedule must be submitted 48 hours prior to the date of adjustment thereby allowing the necessary adaptations to staffing. Copies of our monthly calendars are available on our website or they can be picked up at the Mt. Lebanon and Bethel Park Extended Day classrooms.

I understand that I will be invoiced through FACTS and payments should be made through FACTS.

I understand that it is my responsibility to make sure

I understand that services can be suspended for lack of payment, discipline problems, and/or a violation of any school handbook policy. The Extended Day Program is considered an extension of the Ave Maria Academy day.

I understand that the fees are as follows:

\$25 Annual Registration Fee must be paid by all families

All fees are charged by the hour

<b>Families with K-8 students only:</b> 1 child - \$8/hr 2 children of the same family - \$14/hr 3 children of the same family - \$16.50/hour	<b>Families with 4 Year PreK-8 students:</b> 1 child - \$10/hr 2 children of the same family - \$15/hr 3 children of the same family - \$17.50/hour
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I will pick up my child(ren) no later than 6:00 PM. After 6:00 PM, an additional fee of \$25 will be charged.

I will complete the enclosed **Registration Form, including all emergency information**, and return it to school before my child(ren) begins the program.

I will drop off and/or pick up my child(ren) at the Extended Day room at my school site and I will sign them in and/or out each time I drop them off and/or pick them up.

The Extended Day Program will be available for every **FULL DAY** of school beginning August 28, 2023. (Exceptions will be noted on the monthly calendar). **There is NO before school extended day when we have a 2 hour delay. There is NO after school extended day on half days**

I understand that if school dismisses early due to inclement weather, the after school program will be cancelled. If school does not dismiss early but the weather deteriorates after 2:15 pm, it may be necessary to close the program for that day. Parents/guardians will be notified.

The Extended Day Program will be **closed** due to:

Problems with the building  
School closing due to weather  
Emergency situations (**Please have a plan in place for your child to follow**).

I understand that only the people listed on the registration form will be allowed to pick up my child(ren). If someone other than those persons listed will pick up my child(ren), I will send a note to school notifying the Extended Day staff who will be picking up my child(ren). **I will also notify the person picking up my child(ren) that they will be asked to show a form of ID when they pick up my child(ren).**

- I will provide a nutritious, **NUT-FREE snack** for my child(ren) to enjoy while at the Extended Day Program. The Extended Day staff does **NOT** provide snacks to students due to liability issues and allergy/dietary concerns.
- I understand that in accident cases that appear to be minor, first aid will be administered. In more serious cases, a staff member will make all efforts to contact the parent/guardian to come and pick up the child. If a parent/guardian cannot be reached, other persons listed on the registration form as emergency contacts, will be notified. In the event of an emergency, EMS will be contacted immediately for assistance. Parent/emergency authorized person will then be notified.
- I understand that **NO MEDICATIONS WILL BE ADMINISTERED** during Extended Day hours. (Rescue medications such as an Epi-Pen and inhalers will be used if provided by the parent/guardian in case of an emergency).
- I understand that if my child becomes ill while at the Extended Day Program, I will be contacted and will pick up my child. I also understand that if my child leaves school due to illness, he/she is not permitted to come back to attend the Extended Day Program that day.
- I understand that the behavior expectations are outlined and should be followed as provided in the General Rules and the Discipline Code sections of the Ave Maria Academy Parent/Student Handbook. Students are expected to respect the staff, each other, and the environment provided for them.
- I understand that any infraction of the Extended Day rules can result in complete dismissal from the program.
- In the event that there is an extraordinary circumstance that requires a change for my child(ren)'s attendance at the Extended Day Program on any given day, I will contact the School Office by 2:00 PM or if known in advance, send a note to the office. **Should someone other than the parent be picking up a child(ren) on any given day, a note or email of permission MUST be sent to school for the teacher and the Director. That person should have an ID available to show the Extended Day staff.**
- I understand that all terms listed in this guideline are subject to change at the Administrator's discretion.
- Ave Maria Academy Extended Day does not provide 1:1 homework/subject tutoring. We provide assistance as needed for grade level group work only.

**AVE MARIA ACADEMY**  
**EXTENDED DAY PROGRAM REGISTRATION FORM**  
**2023-2024 SCHOOL YEAR**

(1) Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Health Problems/Medications: \_\_\_\_\_  
\_\_\_\_\_

(2) Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Health Problems/Medications: \_\_\_\_\_  
\_\_\_\_\_

(3) Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Health Problems/Medications: \_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Please provide your email address as invoices are sent electronically on a monthly basis. If you would rather have a paper copy sent home, please check the box to the right. ☐**

Please tell us who will regularly pick up your child(ren) if someone other than the 2 people listed above:

\*\*Please note that anyone picking up your children will be asked to show a valid ID.\*\*

NAME	RELATIONSHIP	PHONE NUMBER

In the event of apparent serious illness or accident, when the parent/guardian cannot be reached, YOU authorize one of the following people to be notified by phone. These people listed below are authorized to act in your absence and have your authorization to release your child from the Extended Day Program into their care.

NAME	RELATIONSHIP	PHONE NUMBER

Please note: In the event of an emergency, EMS will be contacted immediately for assistance. Parent/emergency authorized person will then be notified. **The child will be transported to St. Clair Hospital if necessary. Should you NOT want your child transported to St. Clair Hospital, please indicate your hospital of choice below:**

\_\_\_\_\_

Please initial on the left that you have read and understand the following:

- \_\_\_\_\_

I have read and understand the Ave Maria Academy Extended Day Program Agreement and Guidelines, and have discussed these with my child(ren).
- \_\_\_\_\_

I have completed all necessary emergency information and will advise the Extended Day Program staff should any changes be necessary throughout the school year.
- \_\_\_\_\_

I will complete a monthly reservation calendar and submit it on time for the months that my child will be using the Extended Day Program.

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Amount: \$\_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Received By: \_\_\_\_\_

# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

## DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY): <input type="checkbox"/> NONE
DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY. <input type="checkbox"/> NONE
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> NONE
LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES. <input type="checkbox"/> NONE
IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT [WWW.AAP.ORG](http://WWW.AAP.ORG))

☐ YES ☐ NO

**NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.**

VISION (subjective until age 3)

HEARING (subjective until age 4)

LEAD

## RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.