Sts. Bruno & Richard School

Extended Day Program

2025-2026

773-582-8083

Dear Parent/Guardian,

Our extended day program will begin on Monday, August 25th. If you wish for your children to attend extended day, the attached forms must be filled out. **Only students who have returned the forms and registration fee are allowed to attend.** Students who attended extended day last year must re-register and have a zero balance from last year. Families that have an outstanding extended day balance cannot re-register until their past balance is paid off.

What is the Extended Day Program?

The Extended Day Program is a place for students to go before or after school if they have no one to pick them up or if no one is home to be with them. The church basement is the designated place for our students to be in. Should we need more space, we will use the gymnasium.

Who may attend the program?

Only students who are enrolled at Sts. Bruno and Richard School may attend. If your child is going to use the program at any time, he/she must be registered for the program. If there is a change in a parent's normal schedule, or should any emergency arise, a student should either bring a note from home or the parent should call in to the school's office (773-582-8083). If a child becomes a discipline problem or his/her account is past due, we will ask for his/her removal.

What is the cost of the Program and how is it paid?

There is a $25 dollar registration fee per family and services are $12 dollars a day for one child and $11 for each additional child . You'll receive a bi-weekly invoice, billed on your FACTS account under incidentals and payments can be made in FACTS or in the school office. Payments are separate from other school fees. Please keep up with weekly payments to avoid a large balance later.

Snack

Snacks will be provided each day by the program.

What are the hours for the Program?

The morning program begins at 6:30AM and will run until the start of the school day at 7:45AM

The afternoon session will be immediately after school until 6:00PM. **There will be a late charge of $5.00 per minute if child/children are not picked up by 6:00PM.**

There will be no program on the days that school is not in session.

No child may leave school and return to the program unless prior authorization is given in writing by the parent and approved by the school principal.

The Extended Care Program must have parent's current, correct phone numbers at all times in case an emergency arises.

What do the children do at the Program?

The children will have time to eat a snack. The program will provide snacks.

There will be time set up for homework and quiet time.

Weather permitting, groups will be allowed to go outside under strict supervision.

The children will be able to use the gym, under strict supervision.

Games, toys, puzzles, and coloring books will also be available for their use.

Who will supervise the children?

There will be 1-2 adults supervising the children in the morning program. There will be 2-3 adults supervising the children in the after school program. These adults are there to watch over and take care of the children. They will not be tutors nor will they be held responsible if a child does not complete his/her homework assignments.

Who can I contact if there is a question or problem?

You can always call the school office at (773)582-8083..

We are looking forward to a very successful program that will benefit all concerned.

Sts. Bruno and Richard School
Extended Day Program

As the parent or guardian, I am registering my child/children for the Extended Day Program.

Extended Day Program Application

Name:	**M/F**	**Date of Birth**	**Grade**
Name:	**M/F**	**Date of Birth**	**Grade**
Name:	**M/F**	**Date of Birth**	**Grade**
Name:	**M/F**	**Date of Birth**	**Grade**

Address:

Parent's/Guardian's Name:	**Parent's/Guardian's Name:**
Employer Name:	Employer Name:
Work Telephone:	**Work Telephone:**
Cell Phone Number:	**Cell Phone Number:**

I am aware that I will be financially responsible for all hourly fees incurred by my child/children charged to me for my child/children's participation in the Extended Day Program. **If I fall behind in payments, my child/children will be removed from the program and they will not be able to return until all fees are paid.** I also understand that the same rules apply for this program that apply in the school in regards to the withholding of report cards or transfers until all extended day balances are paid.

I also understand that my child/children cannot be a discipline problem. After receiving three warnings, I will agree to remove my child/children from the program.

_____ _____
Parent Signature **Date**

_____ _____
Student's Name **Date**

_____ _____
Student's Name **Date**

_____ _____
Student's Name **Date**

To give us a better idea of your needs for the program, please fill out the following information to the best of your ability.

My child/children will be attending:

	From (time)	To (time)
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Are you receiving funds from Action for Children? _____Yes _____No

Will your child/children be staying in Extended Day on August 25th?

Yes____ No____

Sts. Bruno and Richard School
EXTENDED DAY PROGRAM
EMERGENCY CARD

Child's Name: _____ Grade: _____

Address: _____

Phone: _____ Cell Phone: _____

Parent/Guardian

Name: _____

When no one can be reached at the above numbers, please call:

Name: _____

Address: _____

Phone Number: _____

Cell Number: _____ Work Number: _____

Relation to the Student: _____

Name: _____

Address: _____

Phone Number: _____

Cell Number: _____ Work Number: _____

Relation to the Student: _____

Allergies/Special Restrictions:
My child has the following allergies/special restrictions:

_____

_____

_____

Medical Emergency Permission:
I am giving my permission for immediate medical attention if the need arises. I will be contacted, but in case of an extreme emergency and I cannot be reached immediately, I would not want assistance to be withheld until I can be at the accident site.

Child's Name: _____

Signature of Person Giving Permission: _____

Print the above Name: _____

Relationship to the Child: _____

Date of the Agreement: _____

Doctor's Name: _____

Doctor's Phone Number: _____

The following adults have my permission to pick up my child/children.

_____	_____
Name	Phone Number
_____	_____
Name	Phone Number
_____	_____
Name	Phone Number
_____	_____
Name	Phone Number

_____	_____
Parent/Guardian Signature	Date

If you have any questions, please call the school office during the day. 773-582-8083