Blessed Sacrament School Extended Day Program (EDP)

Dear Parents,

The purpose of EDP is to provide safe, enriching, and supervised after-school care for our students. Our program is licensed by the state of Georgia's Bright from the Start Program. Extended Day uses facilities at Daffin Park, Theus (circle) park, the school's playground, gym, classrooms, and cafeteria. One snack is provided daily at the beginning of EDP; however, your child may bring their own snack. Students are provided with outdoor an indoor recreation, crafts, and creative play. An appropriate change of clothes is allowed at the beginning of each EDP day and is optional. Students who are in the grade 2^{nd} - 8^{th} are provided a quiet and staffed room for one hour of homework (Monday – Thursday). We offer two types of services to accommodate your childcare needs. A student may be enrolled on a monthly or drop-in basis. We are also available on half days (12:00pm – 6:00pm) and conference days (7:30am – 6:00pm). It is highly recommended that you register your child in case of an urgent need. Students not registered will not be able to attend. Registration is FREE until **September 29**th and \$60 per family afterwards.

In order to provide quality care for your children we need to plan and staff according to the number of registered participants. Please submit a completed registration form by **August 10**th. Registration forms can be found in RenWeb under resource documents and emailed to mwilliams@bss-savannah.org. You may also find forms in the office and return to office. Registrations submitted after **August 10**th may be placed on a waiting list.

Both monthly and drop-in participants will be automatically billed on the first of each month. Monthly fees will be automatically withdrawn from your account via FACTS on the 15th of each month. Drop-in charges will be billed on the 15th and 30th and withdrawn on the 7th and 20th. We do not prorate fees for partial months. If you wish to cancel your monthly service, you must do so in writing 30 days in advance and any fees incurred prior to the notice are the participants sole responsibly.

We look forward to serving you and your family. The fee schedule is located on the back of this letter. Should you have any questions please call the school office at (912) 356-6987.

Sincerely,

Lynn C. Brown Principal

Extended Day Program

EDP Fees

Monthly Fee	\$175.00 per child	
Includes:		
Early Dismissal (12:00pm – 6:00pm)		
Conference days (7:30am – 6:00pm)		
Morning (6:30am – 7:30am)		
Afternoon (2:30pm- 6:00pm_		
Drop-in Fee	\$12.00 per child	
• Morning-(6:30am – 7:30am) — — —	 Please note that morning and afternoon 	
Afternoon (2:30pm – 6:00pm)	are two separate charges of \$12.00.	
Early Dismissal (12:00pm – 6:00pm)		
Drop-in Fee	\$25.00 per child	
Conference Days (7:30am – 6:00pm)		
Family who has more than two that is registered	Any children after two on a monthly basis are	
for monthly charges	free	
Only mornings	\$50.00 per child	
 If your child will just be attending morning EDP 		
Picked up by 3:45pm	\$50.00 per child	
 In the event that is a half day and your child attends It will be an additional \$12 		
 In the event that is a conference day and your child attends it will be an additional \$25 		
 If you are late more than two times you will be charged the full fee of \$175.00. 		
After 6:00pm	\$1.00/ min	
	\$5.00/ min after 6:10pm	

EDP Operating Hours

School Days (Morning)	6:30am – 7:30am
School Days (Afternoon)	2:30pm – 6:00pm
	 A snack is provided
Early Dismissal	12:00pm – 6:00pm
	Please pack a lunch
	 Snacks will be provided
Conference Days	7:30am – 6:00pm
	 Please pack a lunch
	 Snacks will be provided

EDP is NOT available on student holidays.

Blessed Sacrament School 1003 East Victory Drive Savannah, GA 31405 (912) 356- 6987

Extended Day Program (EDP) Registration Form

Blessed Sacrament School's Extended Day Program is licensed by the state of Georgia and is therefore required to have a completed registration form on hand for each participant.

Child's Full Name				Grade Entering	
Please circle one	Drop- in, Mor	nthly, only 1	nornings, picked	up by 3:45pm	
Date of Birth					
	nd Medical Informa contact first (1) to last (6).	vent of an emergenc	y, please number	, in order of pr
Address					
City	State	Zip	home phone		Priority
Place of Employment			Work Phone		Priority
Email					
Parent/Guardian Name	Relatio	nship	Cell Phone		Priority
Address					
City	State	Zip	home phone		Priority
Place of Employment		-	Work Phone		Priority
Email					
Doctor's name			Doctors Phone		
f child does not liv	e with both parents	s, please sp	ecify living and c	custody arrang	ements.

Emergency names, address, and phone numbers of TWO people to be called in the event that we cannot reach either parent/guardian:

		Relationship	Cell Phone
Address			
City	State	Zip	Work Phone
Emergency Contact Name		Relationship	Cell Phone
Address			
City	State	Zip	Work Phone
erson(s) authorized to pick up	your child:		Relationship
erson(s) authorized to pick up your child:		Relationship	
erson(s) NOT authorized to pi	ck up your child:		Relationship
Person(s) NOT authorized to pick up your child:		Relationship	
Medical Information Allergies or intolerance to the	food, medication, o	r any other substan	ce;
f an allergic reaction occur	s, please list or atta	ach to this form step	os to relieve reaction:
		·	any special accommodations needed:
Chronic physical problems,	pertinent developr	nental information,	any special accommodations needed:
	pertinent developr	nental information,	
Chronic physical problems, For special accommodation neeting at mwilliams@bss-	pertinent developr ns, or to share impossavannah.org.	nental information,	any special accommodations needed: about your child, please contact Director for a
Chronic physical problems, For special accommodation neeting at mwilliams@bss-	pertinent developr ns, or to share impossavannah.org.	nental information,	any special accommodations needed:

mwilliams@bss-savannah.org.

- Medical form must be on file in the office for any medication to be given

Please read carefully each of the following statements, then sign and date where indicated.

A. I understand that it is the policy of EDP not to allow my child to enter or leave the school unless escorted by an adult. I agree that when delivering my child to the school I or the person I have

	authorized to drop off my child will personally de person in charge. I further agree when picking up pick up my child will personally come into the sch counselor or the staff person in charge. At no tim making his/her presence known to the school's st	my child I or the person I have authorized to ool and receive my child from his/her e will I leave or pick up my child without first
	Signature	Date
В.	I agree to notify the director in writing immediate provided on this form, including work and home change in living arrangements, change in health i persons to pick up your child, etc.	address, phone numbers, physician name,
	Signature	Date
C.	In case of an emergency, if medical attention is reauthorize the school to act on my behalf by conta following their advice for my child.	·
	Signature	Date
D.	I give my child permission to go to Daffin and The accompanied by his/her counselors.	eus (Circle) Park with his/her group only when
	Signature	Date
Ε.	I give my child permission to go to Blessed Sacrar activities.	ment's Parish Center for special events and
	Signature	Date

Blessed Sacrament School's Extended Day Agreement

My child	will be attending Blessed Sacrament Schools' Extended Day Program
on a monthly, drop-in, only morr	ings, picked up by 3:45pm basis. (Please circle one)
I agree to pay the fees associated v	with the service that I have indicated above. If I decide to change my
status, I must notify the director 30	days in advance in writing. I understand that monthly fees will be
automatically withdrawn from you	r account via FACTS on the 15 th of each month. I understand that
drop- in charges will be billed on the	ne 15 th and 30 th and withdrawn on the 7 th and 20 th via FACTS. I
understand that after 6:00pm I wil	be charged \$1.00/minute until 6:10pm and then \$5.00/minute
afterwards until your child is picke	d up. Payment for late fees will be added into your EDP charge that is
deducted from your FACTS accoun	ī.
Parent's/ Guardian Signature	Date