

Good Shepherd Catholic School

Extended Day Program Fee Schedule

The Extended Day Program at Good Shepherd Catholic School includes supervised, structured, activities for your child.

For a child to participate in the **Extended Day Program** they must be registered and the required emergency authorization forms must be on file.

Fees

Registration Fee	\$20.00 per family
Full time participation for Pre-K, K-8 students	
1 child	\$40.00 per week
2 children	\$66.00 per week
3 children	\$77.00 per week
Pre-K, K-8 Drop Ins	\$10.00 per day
Early Dismissal Days	\$5.00 extra per child
Late Pick Up Fees	\$1.00 per minute after 6:00 pm

Roll Call: Your child is expected to arrive in the Extended Day Program by 3:30 [for PK through 3rd grade] or 3:45 [for 4th through 8th grade]. Children staying with a teacher **MUST** bring a note to that effect to the cafeteria and report back to the cafeteria when leaving the teacher's supervision.

Student Pick-up: A parent or authorized adult must come each day to sign the child out of the program. Notification in writing is required if someone other than the originally authorized persons will be picking up the student. A driver's license will be required for identification.

Snacks: A small snack and drink will be provided each day. **On early dismissal days, please send a lunch for your child.**

Payment policy: Payments may be made to the **Extended Day Program** Director or to the school office. There is a \$25 fee for returned checks.

Phone: (972) 272-5859

Charges: There is a 30 minute no charge period. **PK – 3rd = 3:15 – 3:45.** From **3:45 – 4:15**, you will be charged one half. For **4th – 8th**, there is no charge from **3:30 – 4:00.** From **4:00 – 4:30**, you will be charged one half.

**Extended Day Program – Registration Form
Good Shepherd Catholic School**

Student _____ **Grade** _____

Student _____ **Grade** _____

Student _____ **Grade** _____

Student _____ **Grade** _____

Student _____ **Grade** _____

Full Time _____

Drop In _____

Parent/Guardian _____

Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone Number _____

Father's Employer _____ **Work Hours** _____

Father's Work Phone _____

Father's Cell Phone _____

Mother's Employer _____ **Work Hours** _____

Mother's Work Phone _____

Mother's Cell Phone _____

Person to Contact in Case of Emergency if Parent is Not Available:

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Doctor's Name _____ **Office Phone** _____

In addition to the parent or guardian, my child(ren) may be released to the following persons only:

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Parent Signature _____ **Date** _____