



## Our Lady of the Most Blessed Sacrament School

800 Montana Avenue

Natrona Heights, PA 15065

Phone: 724-226-2345 FAX: 724-226-4934

www.olmbss.org

### OLMBSS EXTENDED DAY PROGRAM

August 2018

Dear Parents and Guardians,

Our Lady of the Most Blessed Sacrament School is pleased to again offer the Extended Day Program for the 2018-19 school year. We are now accepting applications for the Program, which begins on the first day of school. Extended Day is a program designed to provide care, supervision and recreation. We are fortunate to offer our school families both BEFORE SCHOOL CARE and AFTER SCHOOL CARE services. Both services are available for daily OR occasional use depending on your needs. We do ask if you know in advance you will be utilizing either service, please sign up on the provided calendar each month. The Extended Day Program serves enrolled students of OLMBSS and is open to students in ALL grades: Pre-School 3 to Eighth.

- **Before School Care is available and operates from 7:15am to 8:30am**

Children will be engaged in free play, social interactions with peers and have the ability to purchase "continental" breakfast items during this time.

- **After School Care is available and operates from 3:30pm to 6:00pm**

Children will be engaged in free play, arts and crafts, outside play, social interactions with peers, snack time, and there is also time set aside for homework completion.

In order for your child/children to attend the program I must have the following items completed:

- Extended Day Program Application Form
- Non-Refundable Registration Fee of \$15.00 (per family) checks made payable to OLMBSS
- Extended Day Program Emergency Form
- Extended Day Program Handbook Signature Page

If any previous bills are owed, your application will not be accepted until payment is made in full. **You must register each new school year.**

The handbook lists detailed information regarding the program. Please read it carefully and refer to the handbook for future reference.

Fees--\$5.00 hour/first child; \$3.00 hour/second child; \$2.00 hour/third child; \$0.00 hour/fourth child+

I suggest if you need peace of mind throughout the school year for an unforeseen problem, I would enroll your child/children in the program. Once enrolled if an occasion arises that you are detained at work, shopping, etc. you can call the school and your child will be able to stay in a safe and fun environment.

Please feel free to call the school if you have any questions.

Thank you,

Extended Day Director



**Our Lady of the Most Blessed Sacrament School**

800 Montana Avenue

Natrona Heights, PA 15065

Phone: 724-226-2345 FAX: 724-226-4934

www.olmbss.org

**EXTENDED DAY APPLICATION FORM**

<b>CHILD'S NAME</b>	<b>MALE OR FEMALE</b>	<b>BIRTHDATE</b>	<b>GRADE</b>	<b>BUS #</b>

**PARENT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

HOW DO YOU ANTICIPATE USING THE EXTENDED DAY PROGRAM?

\_\_\_\_ DAILY BASIS

\_\_\_\_ OCCASIONALLY

**PLEASE ATTACH A \$15.00 (per family) NON REFUNDABLE REGISTRATION FEE AND RETURN TO SCHOOL.**

**PLEASE MAKE CHECKS PAYABLE TO OLMBSS**



# Our Lady of the Most Blessed Sacrament School

800 Montana Avenue

Natrona Heights, PA 15065

Phone: 724-226-2345 FAX: 724-226-4934

www.olmbss.org

## EXTENDED DAY EMERGENCY FORM

CHILD/CHILDREN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**EMERGENCY CONTACT PERSON; IN THE EVENT OF ILLNESS OR ACCIDENT, WHEN NEITHER PARENT CAN BE REACHED, THE FOLLOWING ARE TO BE NOTIFIED. THEY ARE AUTHORIZED TO ACT IN MY ABSENCE. THEY MAY ALSO BE PERMITTED TO RELEASE MY CHILD/CHILDREN FROM THE EXTENDED DAY PROGRAM.**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

**THE FOLLOWING PERSON (S) ARE AUTHORIZED TO PICK UP/DROP OFF MY CHILD FROM THE EXTENDED DAY PROGRAM. PHOTO ID MAY BE REQUIRED FOR PICK UP.**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

**PLEASE INDICATE ANY INFORMATION USEFUL TO THE ADULT IN CHARGE TO ANY HEALTH CONDITIONS (ALLERGIES, MEDICAL OR DIETARY INFORMATION AND RESTRICTED ACTIVITIES).**

**PARENT'S  
SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



**Our Lady of the Most Blessed Sacrament School**

800 Montana Avenue  
Natrona Heights, PA 15065  
Phone: 724-226-2345 FAX: 724-226-4934  
www.olmbss.org

**EXTENDED DAY PROGRAM WEEKLY USAGE FORM**

**FOR THE WEEK OF** \_\_\_\_\_

**CHILD(REN)'S NAME(s):** \_\_\_\_\_

My child/children will use the Extended Day Program on the following day(s).  
**CHECK ALL THAT APPLY.**

<b>Before School Care:</b>		<b>After School Care:</b>
<b>Monday</b>		<b>Monday</b>
<b>Tuesday</b>		<b>Tuesday</b>
<b>Wednesday</b>		<b>Wednesday</b>
<b>Thursday</b>		<b>Thursday</b>
<b>Friday</b>		<b>Friday</b>

**PARENT**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE NOTE:** You should inform the school office **AND** your child's teacher on the days he/she will be using the Extended Day Program.



# Our Lady of the Most Blessed Sacrament School

800 Montana Avenue  
Natrona Heights, PA 15065  
Phone: 724-226-2345 FAX: 724-226-4934  
www.olmbss.org

## EXTENDED DAY PROGRAM MONTHLY CALENDAR FORM

FOR THE MONTH OF \_\_\_\_\_

CHILD(REN)'S NAME(S): \_\_\_\_\_

My child/children will use the Extended Day Program on the following day(s).  
**PLEASE** indicate which service you will be using by printing: AM or PM next to  
your child's name on those days.

*Please see example in the Extended Day Handbook for clarification.*

2018 SEPTEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	August 27	August 28	August 29	August 30	August 31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

 = Days we are not in school