



## **GUARDIAN ANGELS PRESCHOOL EXTENDED DAY PROGRAM**

**6539 Beechmont Avenue  
Cincinnati, Ohio 45230  
(513) 624-3141**

### **POLICIES FOR EXTENDED DAY PROGRAM**

#### **I. Registration Policy**

1. Any child attending Guardian Angels School may enroll in the GA Extended Day Program.
2. Each individual student must be registered on a separate form, and a **\$75.00 non-refundable registration fee** is due **yearly** at the time of registration, which is separate from K-8 Extended Day registration fee.

#### **II. Fee/Payment**

1. Payments are made through FACTS. Contact the business office if you have any questions concerning payments.
2. The fees are as follows:  
\$12.00 a day per child
3. The charge for late pick-up (after 6:00 p.m.) will be **\$1.00 per minute per child**. This late fee must be paid in **cash** at the time of pick-up. Please call to let the staff know that you will be late. Habitual tardiness may be reason for dismissal from the program. Parents must establish back-up plans in case of tardiness.

#### **III. Extended Day Program Place and Hours**

1. The Extended Day Program begins at the end of the school day and ends at 6:00.
2. The Extended Day Program is held in the preschool classroom or preschool playground.
3. The Extended Day Program operates only when school is opened for the full day (8:00 a.m. to 3:00 p.m.). **If school closes early, so does the Extended Day Program.** (E.g. Early dismissal because of snow)
4. Students will remain in the preschool classroom at the end of the day.
5. After check-in, the children will have a snack. Snacks must be provided by parent for preschool students.
6. If your child is allergic to certain types of food, please let us know. If your child has needs for medication or uses an epi-pen or inhaler, please inform us by completing the appropriate form.
7. After the snack, the children will have play-time, either inside or outside on the preschool playground. Equipment and games will be provided.

#### **IV. Emergency and Safety Procedures**

Since each child's safety is of utmost importance, the following Emergency and Safety Procedures are established.

1. Parents/Guardians must complete the Guardian Angels School Extended Day Program Registration Form and return to the school office/the Extended Care teachers.
2. Parents/Guardians/Authorized Adults must let the Extended Care teachers know when you are taking your child/children home.
3. If an emergency arises and the parent/guardian cannot pick up a child by 6:00 p.m., please have a back-up plan to pick up your child/children. You must notify the Director of the Extended Day Program and give the names and a brief description as to who will be picking up your children. Please have your back-up person carry picture identification with them.

#### **V. Absentee Policies**

In the event of your child's illness, please notify the school's Attendance Line when you call your child in sick in the morning that your child will also not be attending the Extended Day Program. The Administrative Assistant will inform the Extended Day Director of your child's absence. If your child has contracted a communicable disease or infection (such as chicken pox or lice), please inform us so that we can take the appropriate action.

## **VI. Discipline Policies**

Children are expected to behave and follow Guardian Angels School's Discipline Policy and Golden Rule Policy in the Extended Day Program. Behavioral problems will be dealt with in the following ways;

1. The Director of the Extended Day Program/teacher will talk with the child.
2. If negative behavior continues a second time, the child will receive a time out or another appropriate punishment.
3. If behavioral concerns continue a third time, parents will be notified. A parent-teacher-director-principal conference may be warranted.
4. The Director of the Extended Day Program may issue a suspension from the program for a child who continues negative behavior.
5. In the event of a second suspension, the child may be dismissed from the program.
6. Negative behaviors include:
  - a. disrespect to extended care staff or other students
  - b. bullying or harassment of another child
  - c. physical fighting
  - d. refusing to follow directives of a teacher/director
  - e. running away from the group
  - f. destroying school's property
  - g. destroying another student's property
  - h. stealing
  - i. rough play
  - j. inappropriate language or gestures

## **VII. Miscellaneous Information**

1. **Please notify the Extended Day Program Director of any changes in phone numbers, addresses, employment or emergency phone numbers!**
2. Please feel free to schedule a meeting with the Extended Day Program Director.
3. Please remember to send the children with weather appropriate clothing.
4. Children may bring a change of clothes to play in.



**GUARDIAN ANGELS PRESCHOOL EXTENDED DAY PROGRAM  
REGISTRATION**

**Complete a separate form for each child**  
**Annual \$75.00 non-refundable registration fee per family, which is separate from K-8 Extended Day registration fee and must be included with this registration form.** Check made payable to: **Guardian Angels School**

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Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Birth Date: \_\_\_/\_\_\_/\_\_\_ Home Phone: (\_\_\_) \_\_\_\_\_

Registering for: (Circle All Appropriate)

Monday    Tuesday    Wednesday    Thursday    Friday

**PARENT/GUARDIAN WORK INFORMATION**

Father's Name: \_

Place of Employment: \_\_\_\_\_ Days/Hours: \_\_\_\_\_

\_\_\_\_\_

Work #: (\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_

Place of Employment: \_\_\_\_\_

Days/Hours: \_\_\_\_\_

Work #: (\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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**FEES/PAYMENTS:**

Refer to Extended Day Policies for Fees and Payment options.

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**AUTHORIZED PICK-UP/EMERGENCY CONTACTS**

(Please attach a recent photo for each.)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Numbers During Extended Day Program Hours: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Numbers During Extended Day Program Hours: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Numbers During Extended Day Program Hours: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

**HEALTH HISTORY**

Please list any **allergies** (food, insect, plants) your child has:

\_\_\_\_\_

Please list any dietary needs you child has: \_\_\_\_\_

Please list any regular Medicines your child takes: \_\_\_\_\_

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**Note:** Extended Day Program personnel will not dispense any medications.

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**AGREEMENT**

I wish to register my child in the Guardian Angels School Extended Day Program. I fully understand that my Registration Fee of \$75.00 per family, separate from K-8 registration fee, must be submitted with this form for admission into the program is non-refundable.

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

I give permission for the Director and Staff of the Extended Day Program to view any pertinent health and school records concerning my child.

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