

St. Theresa Preschool

300 Leonard Street
Hellertown, PA 18055
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A.M. 610 - 838 - 8161 Ext. 14
P.M. 610 - 838 - 8161 Ext. 13

EXTENDED CARE INFORMATION

- Extended Care is provided to students of St. Theresa Preschool at the rate of \$14.00 an hour.
- The morning hours are 7:15 AM to 8:00 AM Afternoon hours are 3:00 PM to 5:00 PM.
- The morning rate is an hourly rate charged on the half hour.
- The afternoon rate is an hourly rate charged on the half hour.
- A late fee is charged per minute after 5:00 PM closing time of \$1.00 per minute.
- Extended Care is billed each Monday and payment is due by the following Thursday.
- Extended Care is provided when the school has a morning delay. Extended Care is **NOT** provided if the school dismisses early due to unforeseen circumstances (weather, emergencies, etc.)
(Please be sure your family has notified the school of your child's specific procedure for all unscheduled early dismissals.)

Early Morning Extended Care Procedure:

Extended Care takes place in the school in Classroom A. This is a quiet time. Children may draw, color, play card games, and prepare for the school day. A child may also bring a light breakfast to eat at this time. At 8:00 AM the children are dismissed to the care of their teacher.

Extended care children may be brought to the Classroom A grey door and signed into morning care. **THIS APPLIES ONLY TO EXTENDED CARE EARLY MORNING DROP-OFF.**

After School Extended Care Procedure:

Playtime begins at 3:30 PM. Outdoor play is unstructured. There are hula-hoops, jump ropes, and other activities. If the weather does not permit outside play, indoor play consists of assorted games and building materials. On rare occasions, staff might choose a TV program for the children to watch.

PICK-UP – Please park in the main parking lot and come to the Classroom B gray door to sign out your child.

St. Theresa Preschool Extended Care Program
Registration Form

Child's Name _____
(Last) (First)

Address _____

Home Phone _____

Birthdate _____ Age _____ Grade _____

Parent/Guardian with whom child resides:

Name _____ Occupation _____

Business Address _____

Business Phone _____ Cell Phone _____

Name _____ Occupation _____

Business Address _____

Business Phone _____ Cell Phone _____

Doctor's Name _____ Phone Number _____

Address _____

In case of health and or emergency pick-up contact:

Name _____ Phone Number _____

Relation to child _____

Name _____ Phone Number _____

Relation to child _____

We need Extended Care (Please circle all your needs)

Morning: Monday Tuesday Wednesday Thursday Friday

After School Monday Tuesday Wednesday Thursday Friday

Usual Afternoon Pick-up is: _____

On Occasion (24 hours notice)

Please tell us anything about your child that would be helpful to know: _____

I affirm that the above information is accurate:

Signature: _____ **Date:** _____

Note: There is NO Extended Care on early dismissal due to weather, emergencies, etc. Please be sure your child knows your plan for dismissal on those days.