



Our Lady of the Snows Extended Day Program 23-24

4810 S. Leamington Ave.

Chicago, IL. 60638

Office: (773) 735-4810 Fax: (773) 735-6495

Cellular: (773) 255-3437 - Mrs. Pat Gonzalez

Program Times

- Before School Care: 6:45am-7:45am
- After School Care: 3:00pm-5:45pm
 - There WILL be Extended Day on our Early Release Wednesdays beginning at 2:00pm until 5:45pm.
 - On Early Dismissal Days (11:30am), there will be NO After School Care.

Extended Day Fees

Before School Care	After School Care
\$5 fee/family each day (Arrival before 7:30am) <u>*Families will be charged between 6:45am-7:30am*</u>	1 child: \$10.00/hr
	2 children: \$12.00/hr
	3+ children: \$13.00/hr

Late Pick-Up Fee

- Staff members are employed only until 5:45pm. Please respect the closing time as they have families and commitments also.
- There will be a \$2.00/minute late fee for every minute after 5:45pm.
- Extended Day (Before & After School Care) is billed on the 15th of each month. Payment is deducted from your *FACTS Tuition Management* account on the last business day of the month.

Before School & After School Supervisors

- Before School: Mrs. Mariana Avila
- After School: Mrs. Pat Gonzalez



**Our Lady of the Snows School Extended Day Program
Registration/Emergency Form**

Last Name: _____

Home Address: _____

Mother's Name: _____ Phone #: _____

Father's Name: _____ Phone #: _____

Child(ren)'s Name	Grade	Medical Condition/Medications
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate Student Schedule below

Before School Drop Off Time

Monday _____ AM
 Tuesday _____ AM
 Wednesday _____ AM
 Thursday _____ AM
 Friday _____ AM

After School Pick Up Time

Monday _____ PM
 Tuesday _____ PM
 Wednesday _____ PM
 Thursday _____ PM
 Friday _____ PM

Schedule varies by day. Will call or send a note when needed. _____ (Check if applicable)

Other than parents, child(ren) may be released to:

Name _____ Relationship to Child _____
 Phone # _____ Alternate Phone # _____

Name _____ Relationship to Child _____
 Phone # _____ Alternate Phone # _____

Parent/Guardian Signature _____ Date _____

****Please immediately notify the school, in writing, any time the above information changes.****