



## Our Lady of the Snows Extended Day Program 25-26

4810 S. Leamington Ave.

Chicago, IL. 60638

Office: (773) 735-4810

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)  <b><u>*Families will be charged between 6:45am-7:30am*</u></b>	1 child: \$12.00/hr
	2 children: \$14.00/hr
	3+ children: \$15.00/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 \$3.00/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 \_\_\_\_\_  
Phone # \_\_\_\_\_

Relationship to Child \_\_\_\_\_  
Alternate Phone # \_\_\_\_\_

Name \_\_\_\_\_  
Phone # \_\_\_\_\_

Relationship to Child \_\_\_\_\_  
Alternate Phone # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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