

# **ST. GREGORY THE GREAT CATHOLIC ACADEMY**

244-44 87<sup>TH</sup> AVENUE  
BELLEROSE, NY 11426

LYNN M. ALAIMO  
PRINCIPAL

TELEPHONE: 718-343-5053  
FAX: 718-347-1142

## **E.D.P – EXTENDED DAY PROGRAM** **2020-21**

St. Gregory's Extended Day Program for grades Nursery – 8<sup>th</sup> grade will begin on September 14<sup>th</sup>, 2020. The program will be in session from 7:00-8:00am and from dismissal until 6:00pm. The daily after school schedule will consist of physical activity, snack and a drink which is provided, homework supervision and other activities. **The registration fee is \$25.00.**

The fee for **the morning session – from 7:00-8:00am** is \$5.00/day per student. The fee for **the afternoon session which begins at dismissal and goes no later than 6:00pm** is 1 child - \$25 per day, 2 children - \$40 per day, 3 or more children - \$50 per day.

- If your child is attending EDP, you must either email your child's homeroom teacher or send them a note on a daily or weekly basis informing them of what days your child will be attending EDP. If the teacher is not notified before 2:00pm; the child can not attend EDP.
- EDP fees must be paid each Friday for the days your child has attended that week. **There are no exceptions.**
- **Everyone** registering for the EDP program, must complete the Credit Card Information form. If you do not pay your EDP fees by Friday of the week your child has attended, your credit card will automatically be charged and will include a \$3.00 service charge.
- All fees must be paid by check or credit card (Master Card or Visa) – NO CASH. Checks must be made out to St. Gregory the Great Catholic Academy.

Also, if your child is picked up more than **15 minutes past their dismissal time**; your child will be placed in EDP and you will be charged \$25.00

**THERE WILL BE A LATE FEE OF \$25.00 PER DAY IF YOUR CHILD IS NOT PICKED UP BY 6:00PM.** Continual lateness for pick up will result in removal of your child from the EDP program.

Attached is the Registration/Emergency form. **Your child can NOT attend the EDP program until this paperwork is complete and the \$25.00 registration fee is paid.** There will be no exceptions. When registering your child, please enclose the registration fee of \$25.00. **Please, always indicate on the outside of the envelope containing the payment, the child's name, class and the specific dates your child attended the EDP program.**

Also enclosed, is the Credit Card Information form. Please complete and sign and return with the Registration/Emergency form and your registration fee.

We look forward to working with you in our well-established Extended Day Program.

Sincerely,

Lynn M. Alaimo  
Principal

**ST. GREGORY THE GREAT CATHOLIC ACADEMY  
2020-2021  
EXTENDED DAY PROGRAM  
INFORMATION/EMERGENCY FORM**

**Please enclose \$25.00 Registration fee-check or credit card, only.**

FAMILY NAME \_\_\_\_\_ CHILD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

MOTHER'S CELL # \_\_\_\_\_ FATHER'S CELL # \_\_\_\_\_

MOTHER'S BUSINESS # \_\_\_\_\_

FATHER'S BUSINESS # \_\_\_\_\_

**LIST THE CHILDREN WHO WILL PARTICIPATE IN THE PROGRAM**

CHILD'S NAME \_\_\_\_\_ CLASS \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ CLASS \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ CLASS \_\_\_\_\_

**EMERGENCY INFORMATION:**

In the event of serious illness or accident, I authorize either of the following to be notified if I cannot be reached. They are authorized to act on my behalf in case of a serious illness or accident.

NAME \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**PICK-UP INFORMATION**

NAME \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Parent's Signature \_\_\_\_\_