

ST. GREGORY THE GREAT CATHOLIC ACADEMY

244-44 87TH AVENUE
BELLEROSE, NY 11426

LYNN M. ALAIMO
PRINCIPAL

TELEPHONE: 718-343-5053
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E.D.P – EXTENDED DAY PROGRAM **2021-2022**

St. Gregory's Extended Day Program for grades PreK– 8th grade will begin on September 13, 2021. The program will be in session from 7:00-7:50am 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 7:00-7:50am** 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.
- The morning EDP session is from 7:00-7:50am. Your child must enter the building **through the main entrance on 87th Avenue.**
- The afternoon EDP session is from dismissal to 6:00pm. You must pick up your child **from the main entrance on 87th Avenue.** Please ring the doorbell located on the right hand side in the main lobby doors and you will be admitted.
- **Everyone** registering for the EDP program must complete the attached registration/emergency form as well as the Payment form. You will be charged each Monday for the previous week's attendance in the program. Payments can be made via Incidental billing in FACTS, or by credit card (credit card payments will include a \$3.00 service charge).

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 and the Payment form. **Your child can NOT attend the EDP program until this paperwork is complete. The \$25.00 registration fee will be charged upon receipt of these forms. There will be no exceptions.**

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

Sincerely,

Lynn M. Alaimo
Principal

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REGISTRATION/EMERGENCY FORM

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 _____

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PAYMENT FORM

We are offering 2 options for making EDP payments. Please indicate below which option you would prefer for your EDP payments:

_____ Please bill me through Incidental Billing in FACTS. If choosing this option, you **MUST** check your account in FACTS to ensure Incidental Billing was set up with the Auto Pay feature. Each Monday you will be billed through FACTS and you will be notified of the date the payment will be automatically processed.

_____ Process my credit card each Monday for the prior week's attendance in the EDP Program. I understand a \$3 processing fee will be added to this charge.

Child's Name _____ Grade _____

Name on Credit Card _____

Credit Card # _____

Visa _____ Master Card _____

Expiration Date _____ Security Code: _____ (on back of card)

A receipt will be sent home with your child for credit card payments.

I, _____ (print your name) agree to have EDP registration and weekly fees automatically charged to my FACTS account or posted to my credit card above. I understand that I will be charged a \$3.00 processing fee for each credit card transaction.

Parent Signature _____

Date _____

Please return this form by Friday, September 10, 2021. Thank you for your cooperation.