

BISHOP McHUGH



Bishop McHugh Regional Catholic School  
2221 Route 9N, Cape May Court House, NJ 08210  
609-624-1900 Fax 609-624-9696  
[www.bishopmchugh.com](http://www.bishopmchugh.com)

**School Year 2011 - 2012**

**Dear Parents/Guardians:**

**Attached is a form for Bishop McHugh Regional School Extended Day Program. If you would like your child enrolled in the program for the coming school year please complete and return with your registration.**

**A calendar will be issued for you to fill out in August for September attendance. I am looking forward to seeing your child in EDP in September.**

**Sincerely yours,**

**Laura Tomlin  
Principal**

# E<sub>xtended</sub> D<sub>ay</sub> P<sub>rogram</sub>

Please complete one form for each child.

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ A or B

Interests: \_\_\_\_\_

## **Family information:**

Parent/guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## **Parent Information:**

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

## **Departure Procedures:**

- List below person(s) authorized to take your child/children from EDP. A written permission slip, signed by the parent must be sent into the EDP director if the child is to go home with any other person and/or family member *not* listed here.

\_\_\_\_\_  
\_\_\_\_\_

Approximate time of departure before 5:30 PM \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please list the name(s), address and phone number of two people that can be notified in case of emergency. Please note that these persons will be contacted in cases when the parents cannot be notified.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

OVER → → →

Please initial each of the following to indicate that you have read and understand each item.

1. \_\_\_\_\_ A deposit of \$150. is required prior to starting the Extended Day Program. When the deposit is depleted it must be replenished. Unused deposit will be refunded at the end of the school year.
2. \_\_\_\_\_ My child is not allowed to come and go freely from EDP
3. \_\_\_\_\_ I will inform the EDP director in writing if any changes or concerns arise relevant to my child.
4. \_\_\_\_\_ I will notify the EDP director in writing of any change in departure plans.
5. \_\_\_\_\_ If a medical emergency arises, the EDP staff will first attempt to call me. If I cannot be reached the EDP staff member will call the emergency contact person I have designated or my child's doctor. If the emergency is such that immediate hospital attention is necessary the EDP staff will see that my child is transported to the hospital. I will be responsible for the expenses.
6. \_\_\_\_\_ Phone in EDP room is available from 2:30 PM to 5:30 PM. (609) 624-1900 ext. 30 This phone is to be used **ONLY** for emergencies. ( Late pick up, etc. )

Students from Pre Kindergarten and up are eligible for EDP program

The EDP program will operate from the close of the school day until 5:30 PM each school day **EXCEPT** the day before a major holiday or when specified on the EDP calendar.

I agree to pay the fee of \$15.00 per day based on daily attendance for the full school week.

\$17.00 a day is the fee for fewer than full school week.

\$25.00 is the cost of half days.

Late pick-up fee is \$10.00 for each 10 minute increment past 5:30 PM.

***Note: Any child coming into EDP before or after a school activity will be billed the appropriate fee as stated above. Examples of school activities are: Team Mercy, Chess & Math Club, Basketball, Scouts, School Play etc.***

EDP payment will be billed by the business office on a monthly basis (the first of the month).

Payment must be made by the 10<sup>th</sup> of the month. **Children will not be allowed to continue in EDP if the payments are not made on a timely basis.**

**An EDP calendar will be given to you by the 20<sup>th</sup> of the month.**

**Please initial each day that your child will attend. Return the initialed calendar by the 25<sup>th</sup> of the month.**

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

### **Daily Schedule**

2:30 - 2:45 Gather students; check in  
2:45 - 3:15 Snack and restroom breaks  
3:15 - 4:15 Homework\* - study/quiet time  
4:15 - 5:30 free play – outside play weather permitting

\* Older students will be given extra time if needed

### **Friday's Half Day Schedule**

11:30 - 12:15 Gather students; check in  
12:15 - 1:00 Lunch  
1:00 - 2:30 Free Play  
2:30 - 3:00 Snack and restroom breaks  
3:00 - 5:30 Free Play – outdoors weather permitting

When discipline problems and or misbehavior is exhibited, the EDP director will offer positive guidance techniques. If necessary, “time outs” will be used to help the child gain self-control. Recurring problems will be discussed with the parents to obtain possible solutions. Serious, constant occurrences will be directed to the principal for further action which could result in students being removed from EDP program.

Physical contact among the participants is strictly forbidden. Biting, hitting, kicking and verbal abuse between students or directed towards the EDP staff is cause for automatic withdrawal from the program.

**Phone in EDP room is available from 2:30 PM to 5:30 PM. (609) 624-1900 ext. 30 This phone is to be used ONLY for emergencies. ( Late pick up, etc. )**