



Extended Day Program

The Program:

Our Extended Day Program reflects our philosophy that children thrive in a safe, structured, and nurturing environment. Our program for students in Pre-K to 8 operates on the same Quaker values and high expectations as our classrooms, allowing children a seamless transition into after school hours. Under the guidance of our experienced and caring teachers, students have fun learning, growing, and building lasting friendships with kids of all ages from our school community.

The Extended Day Program takes place in the NEST. Students have use of the Nature Learning Lab, the STEM Room, and the Art Studio. In bad weather, the students will have time to play in the gym.

Sample Daily Schedule:

2:45	Afternoon Meeting and Snack
3:00	Free Play
3:15	Clubs
4:15	Outdoor and Creative Play
5:30	Cleanup and Indoor Activities
6:00	Departure

Enrollment and Payment:

Parents may enroll their children for five days a week at a slightly discounted price of \$3258.00. In addition, children who are enrolled five days a week may enroll in any Specialty Club *free of charge*. Some clubs (marked with an asterisk), such as cooking or ceramics may charge a small materials and supplies fee of \$16.00).

Payment may be made in the following ways:

- 1 payment of \$3258.00 due August 30, 2017
- 2 payments of \$1629.00 due August 30, 2017 and January 15, 2018
- 9 payments of \$362.00 due monthly, August 30, 2017 through April 30, 2018

Should it be necessary to change your plan during the course of the school year, all days when Extended Day was used will be recalculated at the daily drop-in rate and the family will be billed accordingly.

Those families who would like flexible care after school (between 1-4 days a week) will pay a **\$21.00 drop in fee per day**, and your student will be asked to choose one of the clubs led by Teacher Tony or Extended Day staff at no additional charge.. Families who use the drop in program will be billed monthly by the Business Office.

If you wish to enroll your child in a different club, you should enroll in the club and you will be billed \$15.00 per day for returning to extended day.

Please be mindful of our Extended Day Program teacher's schedules. Children picked up after 6:00 pm are charged \$1.00 per minute.

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Please send check or money order payment to:

Frankford Friends School
Office of Auxiliary Programs
Frankford Friends School
1500 Orthodox School
Philadelphia, PA 19124

- ❖ For questions regarding Extended Day, Specialized Clubs, and Enrichment Camps, email Hannah MacLeod at hmacleod@frankfordfriends.org.
- ❖ For payment or pricing, email Teri Buda at tbuda@frankfordfriends.org.

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Extended Day Registration Cover Sheet

To register your child for the Extended Day Program, please complete the Registration Cover Sheet.

I wish to enroll my child(ren) in the Extended Day Program at Frankford Friends School for the entire school year (5 days a week), for the sum of \$3,258.00. I will pay in the following way (please check one):

_____ 1 payment of \$3258.00 due August 30, 2017

_____ 2 payments of \$1629.00 due August 30, 2017 and January 15, 2018

_____ 9 payments of \$362.00 due monthly, August 30, 2017 through April 30, 2018

I understand that if I choose to change my plans for Extended Day at any time during the year, all days my child(ren) attended will be recalculated at the drop-in rate of \$21 per day and I will be billed accordingly.

I understand that my child(ren) may participate in Specialty Clubs free of charge. I will select a club for each day of the week, using the Specialty Club form.

OR

I wish to enroll my child(ren) in the Extended Day Program on a drop-in basis only, for which I will be billed monthly.

Child's name _____

Child's name _____

Child's name _____

Parent's name _____

Parent's name _____

For those families that wish to enroll their children on a drop-in basis, but who will be using the program regularly, please designate the days of the week on which you will likely use the program.

Child's name _____ Days of the Week M T W Th F

Child's name _____ Days of the Week M T W Th F

Child's name _____ Days of the Week M T W Th F

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Please complete the following information in order to register your child.

Part 1

Student: _____ **Grade:** _____

Parent/Guardian 1: _____

Home Number: _____ Work Number: _____

Cell Number: _____ Email: _____

Parent/Guardian 2: _____

Home Number: _____ Work Number: _____

Cell Number: _____ Email: _____

Emergency Contact (other than parent or guardian) _____

Relationship: _____ Cell Number: _____

Home Number: _____

Other people on your child's approved pick-up list:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If your child is being picked up by someone on the approved pick up list, please have her/him be prepared to show a picture ID.

Part 2

Food Allergies: _____

Does your child need an inhaler, Benadryl, and/or an epinephrine Auto-Injector, such as an epi-pen, for a life-threatening allergic reaction?

Inhaler	YES	NO
Epinephrine Auto-Injector	YES	NO
Benadryl	YES	NO

If YES, please provide the Extended Day Coordinator with an epi-pen, Benadryl in liquid or capsule form and/or an inhaler.

Are there any other medical issues of which our staff should be aware?

Signature: _____ Date: _____