

The Day Off Program

Do you worry about dependable supervision for your child when the teachers attend professional days? Finally, there is help! Consider enrolling your child in the Day Off Program. In our ongoing effort to serve families, we are pleased to offer a selected number of days during the school year that students may enroll in a safe and enjoyable program held at the school from 7:00 a.m. to 5:30 p.m. The Day Off Program operates independent of the Before School Program and the After School Programs, however it is under the direction of Mrs. Carolyn Hall, assisted by Mrs. Barbara Virshup. The Day Off Program is staffed by qualified personnel and can only serve the children enrolled at the school. Parents must provide transportation to and from the program. Parents provide breakfast and lunch. Two snacks (morning and afternoon) are provided by the program. Pre-registration and payment are due before the day of the program. The cost of the program is \$30.00 per day for the first child and \$20.00 for each additional sibling. The fees are due and payable **before** the day of the program to allow for sufficient staffing.

It is our hope that the Day Off Program will be as well-utilized as last year and may continue to expand. The program will not be able to operate at a financial loss, therefore it is very important that families indicate which of the listed days below they would commit to enrolling their child(ren). The program requires a **minimum of eight students** enrolled per day. If an insufficient number of students enroll, the program may be cancelled for that day.

If you are interested in enrolling your child in the Day Off Program, please return this completed form with the **\$10.00 non-refundable registration fee (per family)** by **Friday, September 3, 2010** so that the final schedule of available days may be published and distributed so that families may plan accordingly.

The Day Off Program Emergency Card

Child's Name _____ Birth Date _____
Home Address _____ Phone #(_____) _____
Allergies _____
Treatment used _____

PARENT INFORMATION:

Mother's Name _____ Father's Name _____
Cell Phone # _____ Cell Phone # _____
Employer Name _____ Employer Name _____
Employer Address _____ Employer Address _____
Employer Telephone(_____) _____ Employer Telephone(_____) _____

In the event of an apparently serious illness or accident, when I/we cannot be reached, I/we wish one of the following to be notified by telephone. They are authorized to act in my/our absence, and they may also release my/our child from the school.

Name _____ Phone #(_____) _____
Name _____ Phone #(_____) _____

If one of the above cannot be reached, I/we wish my/our child to be taken to the nearest medical facility. Yes _____ No _____

I/we wish the following doctor to be notified:

Doctor Name _____ Phone #(_____) _____

The following person(s) may not call for my/our child:

Signature of parent/guardian _____ Date _____

My/our child/children will attend The Day Off Program on the following scheduled dates:

- _____ Friday, September 17, 2010 (Professional Development Day)
- _____ Monday, October 11, 2010 (Columbus Day)
- _____ Wednesday, October 20, 2010 (Professional Development Day)
- _____ Thursday, November 11, 2010 (Veteran's Day)
- _____ Friday, November 19, 2010 (Conference Day)
- _____ Wednesday, November 24, 2010 (Professional Development Day)
- _____ Monday, January 17, 2011 (Martin Luther King Day)
- _____ Friday, March 25, 2011 (Theology Inservice Day)
- _____ Monday, April 25, 2011 (Easter Monday)
- _____ Friday, May 27, 2011 (Faculty Retreat Day)

Parent/Guardian Signature _____

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____