

EXTENDED CARE PROGRAM AND MORNING CARE PROGRAM 2025-2026

Dear Parents/Guardians,

The St. Christina Extended Care and Morning Care Program will again be available to St. Christina families for the 2025-2026 school year. This program provides security, loving care, consistency, individual attention and fair treatment in a Catholic atmosphere for the children of working parents.

The St. Christina Extended Care and Morning Care Program is available to 3-year-old and 4-year-old **full day** pre-school students, and students through 8th grade who are enrolled in St. Christina School. Half day 3-year-old and 4-year-old pre-school may attend Morning Care only.

HOURS AND FEES

Morning Care operates every day from 6:30 - 7:30 a.m. on days that school is in session. Morning Care students will enter through the Parish Center doors on Christiana Avenue. The registration fee for Morning Care is \$30.00 per family annually, and \$7.50 per day, per child. You may provide your child with a light snack/breakfast.

Extended Care operates every day from 2:30 - 5:45 p.m. on days that school is in session. Extended Care will not be open when school is closed or on any early dismissal day. The annual registration fee (non-refundable) for Extended Care is \$60.00 per family for families with one child, and \$65.00 per family for families with more than one child enrolled in the program. The hourly fee is \$7.50 per child for the first two children per family, and \$6.00 per child for each additional child in the family.

Regular and prompt payment of fees is essential to keep the program running efficiently. Extended Care charges will be applied to your family's tuition statement monthly. Due to the billing cycles of Blackbaud (our tuition system), there is a two-month lag in charges (i.e., September's extended care charges will appear on November's tuition statement). Payment can be made by logging into your Blackbaud tuition account or by check payable to St. Christina.

DISMISSAL/PICK UP PROCEDURES

All children will be dismissed out the doors with their teacher unless they have a written note stating that they should attend Extended Care or initial the box on page 4 stating they will attend everyday. Only these children will go directly to the gym and report to Extended Care. Blank notes are attached for your convenience.

REGISTRATION

Please fill out and return the attached forms with the appropriate fee(s) made payable to St. Christina. The registration forms and fees are due at the time of registration. Your child/children may not attend the program until all forms and fees are returned. Please notify us if your plans change and you will not be utilizing The Extended Care or Morning Care Program.

If you have any questions, please contact the school office at 773-445-2969, or email at schooloffice@stchristina.org. Once you have registered, if you need to reach Extended Care during their operating hours please call (773) 445-9446 or email extendedcare@stchristina.org.

Sincerely,

Mrs. Spano
Principal



EXTENDED CARE PROGRAM AND MORNING CARE PROGRAM REGISTRATION/EMERGENCY FORM

PART A

Child's Name	Birthdate	Grade in 2025-2026
LAST, FIRST	MM/DD/YYYY	

Home Address	
Home Phone	

PART B

Please indicate program(s) you are enrolling your child/ren. **All Registration fees are non-refundable.**

- MORNING CARE**
 Registration Fee \$30 per family
- EXTENDED CARE**
 Registration Fee \$60 per family (one child), \$65 per family (more than one child.)
- BOTH PROGRAMS**
 Registration Fee \$70 per family (one child), \$75 per family (more than one child.)

PART C

PARENT'S INFORMATION

MOTHER	FATHER
Work Phone	Work Phone
Cell Phone	Cell Phone
Occupation	Occupation
Email	Email

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

PART D

DOCTOR'S INFORMATION

If a parent or all of the names listed in Part F of this form cannot be reached, I wish my child to be taken to the Emergency Room if necessary. I wish the following doctor to be notified by the hospital.

DOCTOR'S NAME

PHONE

HOSPITAL

Special Instructions (allergies, etc.)

PART E

AUTHORIZATION

The people listed below are also authorized by me to pick up my child/ren from the Extended Care Program. I understand that people not listed on the form will be denied permission to pick up my child/ren unless a note with my signature is sent to the Program Director prior to pick up.

PART F

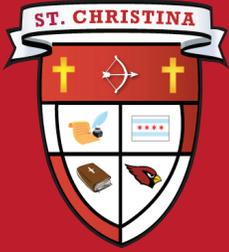
ILLNESS or ACCIDENT

In the event of apparently serious illness or accident, when I cannot be reached, I wish one of the following be notified by telephone. These people are authorized to act in my absence. They may also pick up my child/ren from the Extended Care Program.

Name	
Address	
Phone	
Name	
Address	
Phone	

The following person(s) may **not** pick up my child/ren from the program:

NOTE: If someone has been denied rights to pick up your child by law, we must have a copy of the court order. Please attach it to the form.



EXTENDED CARE PROGRAM AND MORNING CARE PROGRAM RELEASE FORM

I, the undersigned parent/guardian of _____, by enrolling my child in the ST. CHRISTINA EXTENDED CARE and/or MORNING CARE PROGRAM at 3333 W. 110th Street, Chicago, IL 60655, understand that he or she, in attending the ST. CHRISTINA EXTENDED CARE and/or MORNING CARE PROGRAM and using the facilities, does so at his/her own risk. The operator shall not be liable for any damage arising from personal injuries sustained by participating in or about the premises. Participant assumes full responsibility for all injuries and damage which may occur in or about the premises. In consideration of your acceptance of my child/ren's entry, I, intending to be legally bound, do hereby waive, release, and forever discharge any and all rights and claims against the ST. CHRISTINA EXTENDED CARE and/or MORNING CARE PROGRAM, assistants and substitutes, for damage and injury sustained by my child while participating in or attending any activity related to the above named program, whether incident takes place on the premises or traveling to and from the premises.

PARENT/GUARDIAN SIGNATURE

Please initial in the box below if you believe your child will attend extended care after school everyday.

NOTE: We understand there may be certain days that your child will not be utilizing extended care. On those days, please be sure a note is sent to school so that your child(ren)s teacher(s) and the program coordinator, Mrs. Hahn, are aware. Attached you will find blank notes for your convenience or email extendedcare@stchristina.org as well as your child's teacher. Thank you!

NOTE FOR EXTENDED CARE

MY CHILD/CHILDREN _____ ROOM #

ROOM #

ROOM #

ROOM #

WILL: ATTEND EXTENDED CARE ON NOT ATTEND EXTENDED CARE ON _____ DATE

PARENT SIGNATURE

NOTE FOR EXTENDED CARE

MY CHILD/CHILDREN _____ ROOM #

ROOM #

ROOM #

ROOM #

WILL: ATTEND EXTENDED CARE ON NOT ATTEND EXTENDED CARE ON _____ DATE

PARENT SIGNATURE

NOTE FOR EXTENDED CARE

MY CHILD/CHILDREN _____ ROOM #

ROOM #

ROOM #

ROOM #

WILL: ATTEND EXTENDED CARE ON NOT ATTEND EXTENDED CARE ON _____ DATE

PARENT SIGNATURE