

EDS HOURS / LOCATIONS

Morning Program: 7:00AM-7:30 AM

(students will then be directed to the safety zone where early arrivals are supervised)

Afternoon Program: Dismissal-6:00 PM

Location

Dismissal--6:00 Room 101—Enter at door #10
 or Outside in Teacher Parking Lot

EDS Phone Number: 815-722-6626 x4

EDS FEES

Morning Program:

Enter at door # 10 on Douglas Ave. between
 7:00-7:30

\$3.50 + each additional child \$2.00

Afternoon Program:

Leave by 4:00

\$5.50 + each additional child \$2.75

Leave by 5:00

\$11.00 + each additional child \$5.50

Leave by 6:00

\$15.00 + each additional child \$8.00

AFTERNOON SCHEDULE

PS3-2nd grade

- 2:55 Sign-in/ Snack and Books
- 3:30 Outdoor/Gym Time
- 4:00 Puzzles/Table Activities/Crafts
- 4:30 Story time/Book Browsing
- 5:00 Teacher choice

*Subject to Change

3rd-8th grade

- 3:05 Sign-in/Snack and Books
- 3:30 Written Homework
- 4:00 Outdoor/Gym Time
- 4:30 Independent Reading
- 5:00 Teacher Choice

*Subject to Change

AFTER SCHOOL CLUBS AND PROGRAMS

St. Ray's typically partners with a number of organizations to offer a variety of opportunities to students after school. Participants in those programs are not charged the EDS rate. A student is only charged based on the time they enter. Please check the Thursday folder for sign-up sheets to these programs.



Extended Day School (EDS)
Agreement and Authorization Form
2021-2022

Family Name _____

Table with 3 columns: Child's Name, Birthdate, Grade. Includes four rows of blank lines for data entry.

Will you be using EDS in the: _____ Morning? _____ Afternoon?

Usual days of attendance:
_____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.

_____ Will only use on occasion

Estimated time of pick up: _____

The following adults are authorized to pick up my child(ren):

(Students who participate in EDS will only be allowed to leave with the adults listed below. If an adult is not on the list, the student will not be dismissed. They should be prepared to present a picture ID.)

Name/Relation Name/Relation

Name/Relation Name/Relation

Do not allow my child/ren to be picked up by: _____

Health Awareness

Please specify medical allergies, chronic illnesses, or other conditions the extended care staff should be aware of and for which child:

Emergency Contact Information

1. Mother's Place of Work: _____ Work Phone # _____

Cell Phone # _____ Email Address: _____

2. Father's Place of Work: _____ Work Phone # _____
Cell Phone # _____ Email Address: _____

3. Nearby Relative or Friend of the Family: _____
Phone # _____

4. Nearby Relative or Friend of the Family: _____
Phone # _____

PLEASE NOTE:

- There is a \$35 EDS Registration fee due at the time of registration. Please attach a check to this form.
- EDS bills are emailed to parents at the beginning of the month.
- The bill includes charges from the previous month.
- Payment must be received in the school office on or before the 15th of the month to avoid late fees.
- All payments are due in full by the last day of the month or your child/children cannot attend EDS.
- Report cards may be held for delinquent accounts.
- EDS has its own phone extension: 815-722-6626 x4. It can be accessed from 3:00 PM until 6:00 PM.

By signing this form, we are aware of the policies and procedures set forth for the Extended Day program, including pricing and billing. We are aware that the Extended Day School (EDS) ends at 6:00 PM. Any late pick-ups will be billed at \$1.00 per minute (unless in cases of extreme inclement weather).

Mother's Signature

Date

Father's Signature

Date



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date.

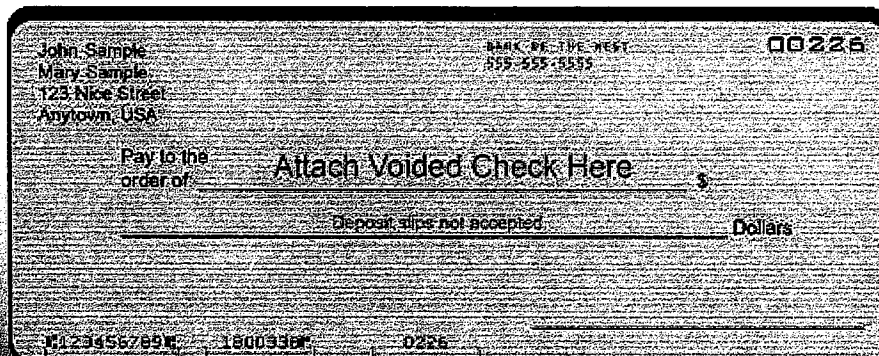
SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking/Savings checkboxes.

Authorized Signature and Date fields.

For Official Use Only

Form fields for official use: Date Received, Employee Signature.



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