

Mary Queen of Apostles SCHOOL

DEVELOPING MINDS.
BUILDING CHARACTER.
STRENGTHENING FAITH.

A Pennsylvania Charitable Trust

Dear Parents/Guardians,

Mary Queen of Apostles School has an Extended Day Program. The program is held at the Greenwald Site only, with busing service from the Freeport Road Site (FRS) to the Greenwald Site (GS). Busing to Extended Day is available to any child *eligible* for bus service. If you do not have bus service from your district, you may *not* take a bus from FRS to GS for the Extended Day Program.

The program is available for students who will need care after the completion of the school day and who will have a patterned, repeated service. Due to social distancing and limits in capacity, Extended Day cannot be used unless the family needs the service for 3 or more days a week. Students must be picked up by a designated person between 3:00 - 5:45 pm.

Students must be enrolled in the extended day program to use it. This is a simple process. Complete the attached enrollment form. Mrs. Hansen is the Extended Day Coordinator. If you are interested in the Extended Day Program, please complete the form found online under Family Resources/Forms and scroll down to "Extended Day." <https://www.mqaschool.org/resources/Pages/Forms.aspx> Return the registration form to the school office at either site.

Following enrollment, a weekly attendance form is used to confirm the week's schedule for your child/children and is **due to the school office on the first day of the school week**. If your schedule does not permit knowing what days you will use the service, you should plan to use it daily and contact Mrs. Collett for special arrangements and a payment plan. Please send the weekly attendance to Mrs. Hansen at jhansen@mqaschool.org and to Jenn Fliss at jfliss@mqaschool.org. You should also copy the homeroom teacher into the email. That way any staff absence does not impede this important communication!

The cost of the Extended Day program varies according to the number of days the program is used. The cost is \$15.00 a day or \$60.00 for 5 days a week. The program must be used on a minimum of 3 days per week. Payment for the Extended Day program are made through **FACTS PrePay** account at <https://online.factsmgt.com/Signin.aspx>. You may add funds to this account at any time. Your account is debited at the end of the week. Past due balances for extended day will result in a child's disenrollment from the service.

The Extended Day Program is offered when we have full school days only. There is no Extended Day for early dismissal days or on the day before Thanksgiving, Christmas, or Easter vacation begins.

Mrs. Hansen will monitor attendance and payment for the program and prepare the schedule for the Extended Day teacher. Please call Mrs. Hansen at 724.335.5911 (grades K-3) or Ms. Fliss at 724.339.4411 (grades 4-8) to report any changes in attendance by **noon**.

Sincerely,
Mrs. Hansen
Extended Day Coordinator

Accredited by Middle States Association of Colleges and Schools

110 Elmtree Road, New Kensington, PA 15068

Fax: 724.337.6457

Phone: 724.339.4411

Email: mqa@mqaschool.org

Dear Mrs. Hansen,

I would like to enroll my child in the Extended Day Program. I understand that I will need to contact you **Monday** of each week to schedule the days that my child will attend. I understand that payment for the week is made through FACTS PrePay and funds are required for my child to use the service.

I understand that any unforeseen change to my weekly schedule must be sent to the office in writing first, or in case of emergency changes, with a phone call so that the change can be noted and communicated to everyone who needs to know the change. I understand that the phone call should be made to the office in the building in which my child(ren) has(have) homeroom. I understand that email may or may not be read during the course of the day, so that a call is the best means of communicating an unplanned change.

I am interested in the **After School Extended Day Program**.

Child's Name: _____

Typically, I will be using the service on a routine basis on the following 3 to 5 days of the week.

Days of Week: _____

I will begin using this program on (start date):

Estimated Time of Pick-up: _____

Person(s) to collect child: _____

Parent Name: _____

Work Number: _____ Cell Number: _____

Parent Name: _____

Work Number: _____ Cell Number: _____

Trusted Adult: _____

Work Number: _____ Cell Number: _____

Special Notes for Dismissal/Health & Wellness/Emergency:

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