



St. John Eudes School

Extended Day Program

2026 – 2027

INFORMATION PACKET



9925 Mason Avenue, Chatsworth CA 91311
(818) 341-1454 or (818) 341-3830

ST. JOHN EUDES SCHOOL

Extended Day Program
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(818) 341-1454

INTRODUCTION

St. John Eudes School is pleased to offer the Extended Day Program (EDP) to our parents. The purpose of this program is to provide a high quality, affordable program in a safe, wholesome and caring environment for its students before and/or after school hours. Since this program is an extension of the school day, its design is supportive of the policies and procedures stated in the SJE Parent-Student Handbook.

ADMISSION POLICY

The program is offered to all students Transitional Kindergarten through Eighth Grade who are currently enrolled in St. John Eudes School.

DAYS AND HOURS OF OPERATION

Extended Day Program is offered only when school is in session. A calendar of dates when school is in session can be found in the SJE Parent-Student Handbook.

Morning Program Hours	7:00 a.m. – 7:30 a.m.
Afternoon Program Hours	Dismissal – 6:00 p.m.

FINANCIAL OBLIGATIONS

Annual Registration Fee

Parent/Guardian shall pay a ***non-refundable*** annual registration fee of ***\$80 per child*** on the enrollment date. This payment shall apply to the ten-month school year. If the parent/guardian decides to withdraw the child(ren) from the program, any month in the ten-month school year, a registration fee of \$80 per child will be due when the child(ren) returns to EDP.

Withdrawal from EDP must be in writing/email to the school office or monthly charge will be billed.

Late Pick-Up Charges

A late pick-up fee of \$25 per minute per child shall be applied after 6:00 p.m. If the child is picked up late four (4) or more times in a thirty (30) day period, the principal will notify the parent/guardian of the fact that their child's enrollment in the program may be terminated.

Method of Payment

Payments are made payable to St. John Eudes School. There will be a \$30 service charge for returned checks in addition to other amounts due.

EDP Tuition

The EDP tuition for basic services shall be due on the first of each month. A **late payment fee of \$35** will be applied for payments made **after the 5th of the month**. The rates for basic services per month are as follows:

	<u>1 child</u>	<u>2 children</u>	<u>3 children</u>	<u>4 Children</u>	<u>5 Children</u>
Monday to Friday (A.M. only)					
August only	\$70	\$85	\$105	\$130	\$150
Sept. to Nov.	\$95	\$110	\$130	\$155	\$175
December only	\$70	\$85	\$105	\$130	\$150
Jan. to May	\$95	\$110	\$130	\$155	\$175
June only	\$70	\$85	\$105	\$130	\$150

Monday to Friday (P.M. only)

August only	\$135	\$165	\$200	\$240	\$265
Sept. to Nov.	\$235	\$265	\$305	\$350	\$370
December only	\$135	\$165	\$200	\$240	\$265
Jan. to May	\$235	\$265	\$305	\$350	\$370
June only	\$135	\$165	\$200	\$240	\$265

Minimum Day (FRIDAY ONLY/Shortened Day) *

August only	\$85	\$100	\$120	\$145	\$165
Sept. to Nov.	\$110	\$125	\$145	\$170	\$190
December only	\$85	\$100	\$120	\$145	\$165
Jan. to May	\$110	\$125	\$145	\$170	\$190
June only	\$85	\$100	\$120	\$145	\$165

Non-Refundable Registration Fee \$80/child

Drop-In Rates

Morning Drop-In	\$15/child
Afternoon Drop-In	\$25/hour or any part of the hour per child

Late Payment Fee \$35

Late Pick-Up Fee \$25/min. after 6:00 p.m. per child

* This Extended Day Program service option is made available for parents who cannot pick up their child(ren) at 12:45pm (TK & K)/12:55 p.m. (Grades 1-8) but can pick up at normal dismissal time (2:45pm/2:55 p.m.).

Failure to pay the EDP tuition for 30 days will result in the child(ren)'s withdrawal from the program.

If non-payment continues, SJE reserves the right to refuse personal checks from any person who has had personal checks previously declined due to insufficient funds by their banks. Cash, Cashier's Checks or Money Order ONLY will be accepted for payment when this occurs.

STAFFING

The student-adult ratio for EDP is 14:1, with two or more staff members present. Provisions are made for adequate adult supervision at all times.

EXTENDED DAY FACILITY The EDP facility is located at the St. Paula Montal Hall, where the children have easy access to the school's playground, library, restrooms, football field, and eating area.

PROGRAM COMPONENTS

There are two main divisions for this program – morning and after school. EDP is supervised and offers a structured program which includes organized, age-appropriate activities that are socially, mentally and emotionally developmental for students. After school EDP provides students various activities – homework/quiet time, conversation with peers, outdoor play, and library time. Morning EDP provides supervised time in the 8th grade classroom.

Parents must provide snacks for students enrolled in the afterschool EDP Mondays through Fridays. If necessary, parents may also choose to send additional snacks with their child(ren) in case they get hungry during the later course of the day. Snacks must **NOT** require refrigeration or heating.

Board games and toys may **NOT** be brought from home to EDP.

On Fridays and shortened days, students *are **required to bring their own lunch***. Lunches must **NOT** require refrigeration or heating.

SIGN IN/OUT PROCEDURES

For Morning EDP, parents must accompany students to EDP and sign the student(s) in.

For After School EDP, Transitional Kindergarten & Kindergarten children are walked to EDP by staff to St. Paula Montal Hall. Students in Grades 1 to 8 may be released to go immediately to the St. Paula Montal Hall to be signed in by EDP staff, who will take attendance of all registered students. After School Enrichment Personnel will walk EDP students back to St. Paula Montal Hall.

If a student is registered in EDP and comes to school but is not going to EDP, the parent/guardian must inform the school office. Parents should also inform the EDP staff if the student is participating in any after school activity (choir, sports, tutoring, enrichment classes, etc.).

In the presence of EDP staff, all students must be signed out by a parent/guardian or authorized adult (18 years of age or older) indicated on the student's Extended Day Student Release Authorization.

HEALTH AND SAFETY

Parents are required to submit the required forms with information listing the persons authorized for student release, names and phone numbers of doctors/dentists, medical alerts (allergies to types of medication, food, insect bites, etc.). These are to be kept on file in the EDP office. If a child shows signs of illness or is injured during EDP, the parent/guardian will be notified immediately.

PICK-UP PROCEDURES

To ensure the safety of students, parents picking up their children from EDP before 5:00 p.m. must park on the Mason Avenue parking lot and walk to the *St. Paula Montal Hall* (EDP Room). At this time, the Lassen Street parking lot is being used for after-school sports. After 5:00 p.m., parents/guardians may park and pick-up at the Lassen Street parking lot.

EXPECTATIONS

Extended Day Program is a privilege, not a right. Since EDP is an extension of the regular school day, the same expectations for cooperation by students and parents are expected. Families who consistently violate the policies and procedures of EDP will be dismissed from the program by the principal.

Parent responsibilities include:

- Completion of all EDP forms – Student Release Authorization, Family Agreement, etc.
- Support for program policies and procedures.
- Cooperation with Sign In/Sign Out procedures.
- Collaboration with the principal and EDP personnel.
- Meeting all financial obligations in a timely manner.
- Provide daily snacks for their child(ren) that do not require heating or refrigeration.

Student responsibilities include:

- Respect for all staff, students and property.
- Use of appropriate language and voice level.
- Participation in all EDP activities.
- Keeping the EDP room clean and neat.
- Consideration for others – sharing, taking turns, etc.
- Following EDP rules.
- Asking permission of staff for restroom use.
- Remaining inside the EDP areas and staying with the group.

Discipline guidelines, including rules and consequences, are clearly communicated to students, staff and parents. In extreme cases, a student may be asked to withdraw from EDP by the principal.

CHANGES IN CONTACT INFORMATION

Parents/guardians are requested to provide written notice to the EDP coordinator and school office within two (2) days of any change in the parent/guardian's mailing or work address. Parents/guardians are also requested to provide immediate oral notice followed by written confirmation of any change in telephone numbers (home, work or cell).

ST. JOHN EUDES SCHOOL
EXTENDED DAY PROGRAM
REGISTRATION FORM
2026-2027

Please print clearly.

FAMILY NAME: _____

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

PHONE NUMBERS:

Home: _____

Work: _____

Cell: _____

DAYS OF ATTENDANCE:

☐ Monday to Friday

☐ Minimum Day Fridays and other Shortened Days
ONLY

TIME OF ATTENDANCE:

☐ Morning and Afternoon

☐ Morning ONLY

☐ Dismissal to 2:55 pm ONLY

☐ Afternoon ONLY

TIME OF PICK-UP: _____
(EDP ends at 6:00 p.m.)

Parents must complete all the necessary forms before the child can attend EDP.

The sign-in/out procedures will be strictly enforced. Students will only be released to adults authorized on the Student Release Authorization Form.

Approved _____

ST. JOHN EUDES SCHOOL
EXTENDED DAY PROGRAM FAMILY AGREEMENT

Family Name: _____

Name of Child: _____ Grade: _____ Birthdate: _____

Name of Child: _____ Grade: _____ Birthdate: _____

Name of Child: _____ Grade: _____ Birthdate: _____

Name of Child: _____ Grade: _____ Birthdate: _____

Parent/Guardian Name: _____ Home Telephone: _____

Home Address: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Home Telephone: _____

Home Address: _____

Work Phone: _____ Cell Phone: _____

- We understand that we are entering into a contract with St. John Eudes School to provide Extended Day Program services for fee for our child(ren).
- We agree to pay \$_____ per month/week/hour according to the payment schedule outlined in the Parent-Student Handbook.
- We agree to pay any additional fees for late payment or late pick-up as described in the Parent-Student Handbook.
- We understand that the principal may permanently terminate a family's participation in the Extended Day Program if payments are in arrears, if student's conduct warrants this decision, if there are consistent violations of the policies and procedures outlined in the Parent-Student Handbook.
- We understand that we must complete all information and forms deemed necessary by the Extended Day Program for the safety and well-being of the children.
- We understand that the Extended Day Program is an extension of the school day and have directed our child(ren) to adhere to all school policies and regulations. We further understand that breaches of these rules will be cause for disciplinary action, of which implementation we will support.
- We understand that students must be signed in/out of the Extended Day Program, and that students will only be released to adults authorized on the Student Release Authorization Form.

We have received and reviewed the St. John Eudes School Parent-Student Handbook and agree to follow the policies and procedure outlined therein. We have discussed pertinent sections with our child(ren) and will cooperate with and support the implementation of the Extended Day Program as described in the Parent-Student Handbook.

Signature of Parent/Guardian _____

Signature of Parent/Guardian _____

Signature of Child: _____ Signature of Child: _____

Signature of Child: _____ Signature of Child: _____

ST. JOHN EUDES SCHOOL

EMERGENCY INFORMATION AND STUDENT RELEASE AUTHORIZATION

Please print clearly.

Family Name: _____

Child's Name: _____

First

Middle

Last

Child's Name: _____

First

Middle

Last

Child's Name: _____

First

Middle

Last

Child's Name: _____

First

Middle

Last

Parent/Guardian Name: _____ Home Telephone: _____

Home Address: _____

Place of Employment: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Home Telephone: _____

Home Address: _____

Work Phone: _____ Cell Phone: _____

EMERGENCY PHONE NUMBERS IN THE EVENT THAT PARENTS CANNOT BE REACHED

I authorize the Extended Day Program staff to release my above-named child(ren) to the adults listed below in the event I am unable to pick him/her up on a given day.

I understand that any of these adults will be required to show proper identification, and that, at the time of sign out, the Extended Day Program staff relinquishes all responsibility for my child.

I understand that my child will only be released to the adults listed on this Emergency Student Authorization form.

*At least **TWO** names and phone numbers must be listed. **Be sure to include someone who will usually know your whereabouts.** Additional space is available on the back.*

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

OUT OF STATE CONTACT *(Person to be contacted during a disaster):*

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

ST. JOHN EUDES SCHOOL
EXTENDED DAY PROGRAM MEDICAL RELEASE FORM

Please print clearly. This form should be filled out for each child.

Family Name: _____

Child's Name: _____

First

Middle

Last

Date of Birth: _____ Age: _____ Grade: _____

I request that my son/daughter _____ be permitted to participate in the St. John Eudes School Extended Day Program. My child has no medical condition that would render it inappropriate for him/her to participate in EDP. I have returned the Health and Medical Release Form to the school. I agree to direct my child to cooperate and conform to directions and instructions of the school, parish or Archdiocesan personnel responsible for EDP.

As a condition of participating in EDP, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the school and parish, their respective employees and any parent/volunteer, from any and all claims for personal injuries, wrongful death or property damage that my son/daughter may suffer as a result of participation in EDP, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the school, the parish, or their employees/volunteers.

Should it be necessary for my son/daughter to have medical treatment while participating in EDP, I hereby give the responsible personnel permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that the insurance benefits through the school or parish, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my son/daughter. I agree to indemnify and hold the school harmless from the cost of any medical treatment and related expenses and costs incurred.

PHYSICIAN or DENTIST TO BE CALLED IN AN EMERGENCY:

Doctor's Name: _____

Address: _____ Telephone: _____

Cell Phone: _____

Medical Plan: _____ Policy No.: _____

Dentist's Name: _____

Address: _____ Telephone: _____

Cell Phone: _____

Medical Plan: _____ Policy No.: _____

The above-named child has the following **MEDICAL CONDITIONS/ALLERGIES**:

The above-named child takes the following medication regularly:

Parent/Guardian Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____

ST. JOHN EUDES SCHOOL
AUTHORIZATION FOR DISPENSING MEDICATION

"Any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school personnel IF the school district receives: (1) written statement from such physician detailing the method, amount and the time schedules by which such medication is taken and; (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in matters set forth in the physician's statement."

Education Code 49423 and 49423.5

When it is necessary for a student to take medication, this completed form and the medicine must be brought by the parent/guardian to the Extended Day Program Coordinator, who will aid the student. All medication is to be self-administered by the student. Students may not have medication, either prescription or non-prescription, in their possession at any time. The medication must be in the original prescription container and have the student's name on it.

Please print clearly.

Student's Name: _____ Date of Birth: _____

Illness: _____

Name of Medication: _____

Dosage: _____

Date medication is to be started: _____

Times to be given: _____

Number of days medication is taken: _____

Special Instructions: _____

Signature of Physician: _____ Date: _____

Physician's Name _____

Address of Physician: _____ Phone No. _____

Cell Phone: _____

I, _____, request that my child be assisted in taking the above medications as
(Name of Parent/Guardian) prescribed.

Signature of Parent/Guardian: _____ Date: _____

ST. JOHN EUDES SCHOOL

PERMISSION TO PARTICIPATE IN EXTENDED DAY PROGRAM ACTIVITIES
AND TO RECEIVE EMERGENCY MEDICAL CARE

I hereby grant permission for my child to use all of the play equipment and participate in all activities of the Extended Day Program.

I hereby grant permission for the Coordinator or Acting Coordinator of the Extended Day Program to take whatever steps necessary to obtain the necessary emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact parent/guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the parent through any of the persons listed on the emergency information form completed by parent.
4. If unable to contact parent/guardian or child's physician, we will do any or all of the following:
 - a. Call an ambulance.
 - b. Call another physician.
 - c. Call paramedics.
 - d. Take the child to an emergency hospital accompanied by a staff member.
5. Any expenses incurred under the above steps will be borne by the child's family.
6. The school WILL NOT be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The school WILL NOT assume responsibility for a child who has not been signed in when he/she arrives for the day.

Signature of Mother/Legal Guardian: _____ Date: _____

Signature of Father/Legal Guardian: _____ Date: _____

ST. JOHN EUDES SCHOOL
IDENTIFICATION FOR PICK-UP FORM

Name of Child/Children _____

Address _____ Telephone _____

Mother/Guardian _____

Place of Work _____ Telephone _____

Work Hours _____ Cell Phone _____

Father/Guardian _____

Place of Work _____ Telephone _____

Work Hours _____ Cell Phone _____

PERSONS AUTHORIZED TO PICK UP CHILD:

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

PERSONS TO BE CALLED IN CASE OF AN EMERGENCY

(Please be sure to include someone who will usually know your whereabouts)

Name _____ Relation to Child _____

Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

Name _____ Relation to Child _____

Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

Child's Physician _____

Work Phone _____ Cell Phone _____

Special Information (medical, allergies, etc.): _____

**ST. JOHN EUDES SCHOOL
EXTENDED DAY PROGRAM**

TIME EXTENSION CONTRACT

St. John Eudes School Extended Day Program operates from 7:00 a.m. until 6:00 p.m., for those students registered in the school whose parents desire this arrangement for the purpose of providing time for homework, quiet time, conversation with peers, supervised play and library time.

In return, the undersigned parents/guardians agree to pay in advance the published fees by the 1st day of the month, and \$25.00 per minute after 6:00 p.m. if they are late picking up their child(ren). This late pick-up fee will be included with next month's bill due the 1st of the month. If payment is not received by the 5th, a late fee of \$35.00 will be assessed. Any child whose parents fail to meet these payment obligations, when due, will not be eligible to continue in EDP. Frequent lateness in picking up their child(ren) will be grounds for terminating the child(ren)'s participation in EDP.

Failure of a student or parent/guardian to comply with the rules and discipline requirements of the EDP, the school, and/or the Archdiocese of Los Angeles, as they are stated in the Parent/Student Handbook or adopted from time to time, may subject the student to the denial of further participation in EDP. A formal conference with the principal is necessary before a student is removed from EDP.

The undersigned parents/guardians agree to indemnify and hold harmless the Archdiocese, the school and all their agents, employees, consultants (paid or volunteer), from any loss or liability arising out of EDP as such loss or liability related to the child(ren) covered by this contract.

The undersigned parents/guardians are aware of and agree to follow the published policies and procedures of the Extended Day Program.

The names and grades of my child(ren) to be included in the Extended Day Program are:

NAME	GRADE
1. _____	_____
2. _____	_____
3. _____	_____

My child(ren) will attend:

- | | |
|--|---|
| ☐ Full Time Morning & Afternoon | ☐ Full Time Afternoon Only |
| ☐ Morning Only | ☐ Part Time |

Father's/Guardian's Signature _____ Date _____

Mother's /Guardian's Signature _____ Date _____