

St. Odilo School  
6617 W. 23<sup>rd</sup> St.  
Berwyn, IL 60402  
(708) 484-0755

**EMERGENCY AND MEDICAL INFORMATION**

Child Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

If parent can't be reached, call:

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Hospital Preference \_\_\_\_\_

Emergency Medical Information Allergies, etc. \_\_\_\_\_

In the event that the undersigned or our (my) authorized physician, cannot be reached, and in the judgment of the staff member at St. Odilo School there is a necessity for immediate examination or treatment of our (my) child (ward), we (I) \_\_\_\_\_ hereby authorize any of the aforesaid school personnel to obtain for said child such medical services as are deemed necessary.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Saint Odilo School  
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Berwyn, IL 60402  
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**EXTENDED DAY PICK UP AUTHORIZATION**

The following people are authorized to pick up my child \_\_\_\_\_  
from St. Odilo School, 6617 W. 23<sup>rd</sup> St., Berwyn, IL.

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Work Address \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

Father's Work Address \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

# St. Odilo Catholic School

## Extended Day Program Handbook

### Administration

**Goals/Purpose** – This program was designed to make available to parents who work a place where their child may remain in a structured and secure environment until the child can be picked up.

**Admission Policy** – The St. Odilo Extended Day Program is limited to only students who are registered in St. Odilo School.

**Registration** – Before any child can be admitted to the Extended Day Program, all registration forms must be filled out. Registration forms are available from the Extended Day Coordinator.

**Hours of the Program** – The Extended Day Program is available to students from 7:00 a.m. until 8:00 a.m. and from 3:05 p.m. until 6:00 p.m. on regular school days. There is no Extended Day Program on days when school is not in session.

**Mandated Reporters** - By law, the State of Illinois requires school personnel to inform the Department of Children and Family Services of any allegations/suspicion of child abuse/neglect.

**Billing Procedures** – Extended Day payments are made directly to school. You will be billed monthly.

**Medication** – Medication will not ordinarily be dispensed to the students by school personnel. Please refer to the Parent Student Handbook for guidelines.

**Fees** - The following fees are for both before and after care.

\$4.00 per hour for one child

\$6.00 per hour for two or more children

Monthly billing will be sent home on the first of every month. If your extended day fees are not paid by the 10<sup>th</sup> of the month you will be assessed a late fee of \$10.00.

**Late Charges** – A late charge of \$3.00 will be assessed for every five minutes past 6:00 p.m. After 6:15 p.m. the rate will be \$6.00 for every five minutes. All late charges are payable to the Extended Day Coordinator and not to St. Odilo School.