

2589 Boyce Plaza Road, Pittsburgh, PA 15241

(412) 221-1980

FAX (412) 221-4662

www.ExtendedDay.com



Before & After School

School Year 2019-2020

What is it: Before & After School Enrichment & Recreation Program

Where: Chartiers Valley Primary & Intermediate Schools

For Whom: Chartiers Valley Primary, Intermediate & Middle School Students

(Middle school students attend the Intermediate School program)

Dates: First day of school through the last day of school

Time: Open from 7:00 AM - 8:45 AM & 3:25 PM - 6:00 PM

Tuition: Grades K-5 Before School: \$12/day (5 days/week) & \$13.75/day (1-4 days/week) Grades K-5 After School: \$14.75/day (5 days/week) & \$16.75/day (1-4 days/week)

Grades K-5 Before & After School: \$22.75/day (5 days/week) & \$26.75/day (1-4 days/week)

25% tuition discount is applied to the second and any subsequent siblings enrolled in any EDS program. 2% tuition discount for bank autopay

Flexible schedules available (4 days/month minimum)

Sports

Hands-On STEAM Projects
Homework Club

Creative Art

- Seasonal Projects

Cooking

In addition, we offer full-day programs on district in-service days. On these days we usually take field trips.



Also...

Join us for Summer Camp! **Registration Fees**

Reduced registration fees apply if you register ONLINE! Registration fees are non-refundable and are charged according to the following schedule:

Early ONLINE Registration - \$35 per child through July 1, 2019 (\$45 if register by US mail or fax) ONLINE Registration - \$45 per child after July 1, 2019 (\$55 if register by US mail or fax)

How to Register

For reduced registration fees, please register ONLINE at www.ExtendedDay.com.

If you have additional questions, please email us at EDS-Office@comcast.net or call 412 221-1980.



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F

Date:

M

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Child's Name:

School Year 2019 - 20 Registration Form

(For use with US mail or fax)

For reduced registration fees, please register online at www.ExtendedDay.com.

If you cannot register online, you may mail or fax this paper registration form. To register by mail or fax, please fill out the information below. If you have any questions, please email us at EDS-Office@comcast.net or call 412 221-1980.

Bii	rthdate:	Grade in	Fall:		School:			
Parent Name:					Home: ()			
Address:				Email:				
Business Name:				Business: ()				
Address:					Cell or Pager: ()			
Parent Name:					Home: ()			
Address:					Email:			
Business Name:					Business: ()			
Address:					Cell or Pager: ()			
Emergency Contact/Release Person:								
Address:					Phone When Child in Care: ()			
Child's Physician:					Phone: ()			
Address:								
Health Insurance Name: Po					licy Number:			
Please check the days and sessions you would like your child to attend.								
	Session	1 - 1		We	dnesday Thursd		Friday	Flex (Please enter number of days per month)
	Morning – Before School							
	Afternoon – After School							