

**School Year  
2022 - 2023**



## Extended Day Services

2589 Boyce Plaza Road, Pittsburgh, PA 15241

(412) 221-1980

FAX (412) 221-4662

[www.ExtendedDay.com](http://www.ExtendedDay.com)

### Kindergarten-Plus

**Where:** Borland Manor, Muse and South Central Elementary Schools  
**For Whom:** Borland Manor, Muse and South Central Kindergarten Students  
**Dates:** First day of school through the last day of school  
**Time:** AM session from 8:45 AM-12:45 PM  
 PM session from 11:45 AM-3:25 PM

- K-Plus session is opposite your child's assigned AM or PM Kindergarten session
- Full-time or part-time schedules available
- K-Plus students may also attend the Before & After School programs
- Full-day programs on district in-service days
- All ELRC funding accepted

#### What is K-Plus?

- Half-day Kindergarten Enrichment Program
- Small group instruction using active teaching strategies
- STEAM-based learning in language arts, math, science, and social studies
- Social and emotional growth through play

#### Activity Highlight Examples

- Live Butterfly Study
- Site Word Scavenger Hunts
- Musical Chairs Subtraction
- Sound Bingo
- Balloon Bowls
- Salad Spinner Art

(EDS is an independent program from the school district. The school district leases space to EDS to provide programs within district buildings.)

### Before & After School

**Where:** Borland Manor, Muse and South Central Elementary Schools  
**For Whom:** Borland Manor, Muse and South Central Students  
**Dates:** First day of school through the last day of school  
**Time:** 7:00 AM - 8:45 AM  
 3:25 PM - 6:00 PM

- Full-time, part-time or flexible schedules available
- Full-day programs on district in-service days
- All ELRC funding accepted

#### What is Before & After School?

- Before & After School Enrichment & Recreation Program
- Hands-on STEAM, builder's challenge, makerspace, and gym activities
- Social and emotional growth through community projects
- Teacher-involved homework support

#### Activity Highlight Examples

- Electric Circuit Holiday Lights
- Jell-O Vinegar Fizz
- Jelly Bean Chromatography
- Marshmallow Catapult

(EDS is an independent program from the school district. The school district leases space to EDS to provide programs within district buildings.)



| Grades K-4  | First Child | Add'l. Children (25% discount) |
|---|-------------|--------------------------------|
| <b>Full-time per day (5 days per week):</b>           |             |                                |
| Before School Only                                    | \$11.95     | \$8.96                         |
| After School Only                                     | \$16.30     | \$12.23                        |
| Before & After School                                 | \$25.05     | \$18.79                        |
| K-Plus  | \$19.75     | \$14.81                        |
| <b>Part-Time per day (1,2,3, or 4 days per week):</b> |             |                                |
| Before School Only                                    | \$13.95     | \$10.46                        |
| After School Only                                     | \$18.55     | \$13.91                        |
| Before & After School                                 | \$28.25     | \$21.19                        |
| K-Plus  | \$23.25     | \$17.44                        |

Additional 2% tuition discount for bank autopay

#### 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 April 15, 2022**  
 (\$45 if register by US mail or fax)

Discounted **ONLINE** Registration - **\$45 per child between April 16 & July 1, 2022**  
 (\$55 if register by US mail or fax)

**ONLINE** Registration - **\$55 per child after July 1, 2022**  
 (\$65 if register by US mail or fax)

#### How to Register

For reduced registration fees, please register **ONLINE** at [www.ExtendedDay.com](http://www.ExtendedDay.com)

If you have additional questions, please email us at [office@extendedday.com](mailto:office@extendedday.com) or call 412 221-1980.



(Over)



## Extended Day Services

All EDS sites have earned the highest quality rating from the state of Pennsylvania - 4 stars!

Funding is available through *Child Care Works* and *Child Care Aware* for all EDS programs (K-Plus, Before & After School, & Summer Camp).

Please read below for information on eligibility. The Early Learning Resource Center (ELRC) can answer your questions and help with the application process. You can reach the ELRC at 1 800-548-2741 and can use the following site identification numbers:

**Borland Manor Elementary - 5111214356-TBA**

**Muse Elementary - 5111214356-29**

**South Central Elementary - 5111214356-28**

Please email ([office@extendedday.com](mailto:office@extendedday.com)) or call (412 221-1980) the EDS office if you have any questions.



*Child Care Works (CCW)* provides child care subsidies to eligible families in Washington county. Extended Day Services (EDS) has a contract with the county Early Learning Resource Center (ELRC) to accept funding for eligible families. The ELRC pays tuition directly to EDS and families pay a small copay based on family size and income.

### To qualify for Child Care Works:

1. Your household income is no more than twice (200%) the Federal Poverty Income Guideline (FPIG) See chart.
2. You are a working parent (average of 20 hours per week) or a working parent who also goes to school.
3. Your child is 13 years of age or younger.

| Family Size | Maximum Yearly Family Income (2022) |
|-------------|-------------------------------------|
| 2           | \$36,620                            |
| 3           | \$46,060                            |
| 4           | \$55,500                            |
| 5           | \$64,940                            |
| 6           | \$74,380                            |
| 7           | \$83,820                            |
| 8           | \$93,260                            |

To apply for funding, call the Early Learning Resource Center at 1 800-548-2741. They will answer any questions you have and help you apply.

Questions? Visit our website <https://www.extendedday.com/child-care-works-subsidy> where you will find additional information about *Child Care Works* funding or call the EDS office at 412 221-1980.



*Child Care Aware* is dedicated to serving the needs of children from military families. Please refer to the link below for eligible programs and assistance specific to each branch of the military.

<https://www.childcareaware.org/fee-assistancerespice/military-families/>

For office use only  
Acct Number: \_\_\_\_\_



**Extended Day Services**



**School Year 2022-23 Registration Form**

(For use with US mail or fax)

**For reduced registration fees, please register online at [www.ExtendedDay.com](http://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 [office@extendedday.com](mailto:office@extendedday.com) or call 412 221-1980.**

|   |                |                 |                        |                               |     |                           |
|---|----------------|-----------------|------------------------|-------------------------------|-----|---------------------------|
| <b>Child's Name:</b>  |                | M               | F                      | Date:                         |     |                           |
| Birthdate:  | Grade in Fall: | School:         |                        |                               |     |                           |
| <b>Parent Name:</b>   |                | Home: ( )       |                        |                               |     |                           |
| Full Address:   |                | Email:          |                        |                               |     |                           |
| Business Name:  |                | Business: ( )   |                        |                               |     |                           |
| Full Address:   |                | Cell: ( )       |                        |                               |     |                           |
| <b>Parent Name:</b>   |                | Home: ( )       |                        |                               |     |                           |
| Full Address:   |                | Email:          |                        |                               |     |                           |
| Business Name:  |                | Business: ( )   |                        |                               |     |                           |
| Full Address:   |                | Cell: ( )       |                        |                               |     |                           |
| <b>Emergency Contact/Release Person:</b>  |                |                 |                        |                               |     |                           |
| Address:  |                |                 |                        | Phone When Child in Care: ( ) |     |                           |
| Child's Physician:  |                |                 |                        | Phone: ( )                    |     |                           |
| Address:  |                |                 |                        |                               |     |                           |
| <b>Health Insurance Name:</b>   |                |                 | <b>Policy Number:</b>  |                               |     |                           |
| <b>Allergies or Additional Information:</b>   |                |                 |                        |                               |     |                           |
| <b>Please check the days and sessions you would like your child to attend.</b>  |                |                 |                        |                               |     |                           |
| Session   | Mon            | Tue             | Wed                    | Thu                           | Fri | Flex days/month           |
| Before School   |                |                 |                        |                               |     |                           |
| K-Plus (Circle one : AM K-Plus, PM K-Plus ,or Don't Know)   |                |                 |                        |                               |     | No flex option for K-Plus |
| After School  |                |                 |                        |                               |     |                           |
| <b>AutoPay Authorization:</b>   |                |                 |                        |                               |     |                           |
| I _____ (full name) authorize Extended Day Services to charge my bank account or credit card on this form immediately for the registration fee and each Friday for payment of the balance of my bill.   |                |                 |                        |                               |     |                           |
| Bank Account Type: ___Checking ___Savings   |                |                 | Name on Acct: _____    |                               |     |                           |
| Bank Name: _____  |                |                 | Acct Number: _____     |                               |     |                           |
| Routing Number : _____  |                |                 | Bank City/State: _____ |                               |     |                           |
| Credit Card: ___Visa ___Mastercard ___Discover  |                |                 | Name on Acct: _____    |                               |     |                           |
| Acct Number: _____  |                | Exp.: ____/____ |                        | CCV Code:: _____              |     |                           |
| Address for Credit Card: _____ City, State, Zip: _____  |                |                 |                        |                               |     |                           |
| SIGNATURE _____   |                |                 |                        | DATE _____                    |     |                           |
| I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Extended Day Services in writing of any changes in my account information or termination of this authorization prior to the next billing date. In the case of an ACH Transaction being rejected for Non- Sufficient Funds (NSF) I agree to an additional \$20 charge. If a payment is rejected for Non-Sufficient Funds, I understand this agreement will be terminated and I will be required to pay with a credit card. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form. |                |                 |                        |                               |     |                           |