

ST. THOMAS SCHOOL EXTENDED DAY PROGRAM (EDP)

Week of _____

Student(s) _____

My student(s) will be using EDP this week on the following days and times:

DAY	MORNING	AFTERNOON
Monday	_____ a.m. to 8:15 a.m.	3:15 p.m. to _____ p.m.
Tuesday	_____ a.m. to 8:15 a.m.	3:15 p.m. to _____ p.m.
Wednesday	_____ a.m. to 8:15 a.m.	3:15 p.m. to _____ p.m.
Thursday	_____ a.m. to 8:15 a.m.	3:15 p.m. to _____ p.m.
Friday	_____ a.m. to 8:15 a.m.	3:15 p.m. to _____ p.m.

Note: EDP is available from 7:00 a.m. to 5:30 p.m.

If your student(s) would like milk or juice during this time, please include the money in his/her milk envelope. Indicate the choice of drink and write the letters "EDP" on the outside of the envelope near your choice.

Billings for EDP will be made every Monday. Payment is due Tuesday.

If your student(s) is to be released to anyone other than yourself, please provide the name(s) of person(s) here: _____

Please return this schedule by: _____