

St. Mary's After School Program

2017-2018

St. Mary's School is proud to offer parents a quality after school program under the direction and supervision of St. Mary's School. Our mission is to offer each child the opportunity to play and learn in a Christ centered environment. The program is dedicated to nurturing the whole child – spiritually, intellectually, emotionally, and physically. With this mission in mind, the program is student centered and structured to meet the needs of all students who attend. Students have the opportunity to have a nutritious snack and time to enjoy physical activity upon arriving at the after school program. A variety of interactive games and activities, designed to engage the children socially, physically, and mentally are provided. Children with homework are provided a quiet environment and assistance from the aftercare director.

The After School Program will operate each school day from 3:00-5:30 P.M. We will also provide care from school dismissal until 5:30 P.M. on half-days. **We will not provide day care on days that school is not in session.**

Sincerely,
Regina Waters
Director
St. Mary's After School Program

St. Mary's After School Program

2017-2018

Policies and Fees

Full Time After School Care

A registration fee of **\$25.00** and **all registration forms** will be due **prior to attendance**.

Grades 1-8

\$35.00 per child, per week

Kindergarten

\$40.00 per child, per week

Half Days will be charged at a rate of **\$12.00** (1-8) or **\$16.00** (Pre-K-K)

By signing up for ***full time after school care***, I understand that I am responsible for paying \$35.00 (1-8) or \$40.00 (Pre-K-K) per week even if my child does not attend the entire week. I have filled out the attached auto-draft form and understand the above amount will be drafted from the account for which I provided information, on the date I indicated on the form.

My child _____ will be attending the after school program on a ***full time basis***. I understand and agree to the financial terms stated above.

Signature _____

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
FOR AFTERCARE PROGRAM**

Company

Name **St. Mary's School**

I (we) hereby authorize ST. MARY'S SCHOOL, hereinafter called COMPANY, to initiate

debit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository

Name _____

City _____ State

_____ Zip _____

Routing Account

Number _____ Number

_____ (this will be a 9 digit number)

Type of Account Mark one (x) _____ Checking _____ Savings

Withdrawal Date Mark one (x) _____ First (1st) _____ Fifteenth (15th)

Approximate Date of Debit (s): _____

If debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ School Account ID# _____

(Please Print)

Date _____ Signature _____

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

******* PLEASE PROVIDE A VOIDED CHECK WHEN RETURNING THE FORM.**

Part Time After School Care:

A registration fee of **\$25.00** and **all registration forms** will be due **prior to attendance.**

Grades 1-8- **\$10.00** per child, per day

\$15.00 for half days

Pre-K-Kindergarten- **\$12.00** per child, per day

\$20.00 for half days /early dismissal

My child _____ will be attending

part time after school care. I agree to

pay by cash or check the above amount. On the day my child attends or when billed on Renweb.

Signature _____

St. Mary's After School Program 2016-2017

	Please Provide Requested Information Here
<i>Childs Name:</i>	
<i>DOB:</i>	
<i>Grade:</i>	
<i>Custodial Parent/Guardian</i>	
<i>Mother:</i>	
<i>Home Phone:</i>	
<i>Cell Phone:</i>	
<i>Work Phone:</i>	
<i>Work Hours:</i>	
<i>Place of Work:</i>	
<i>Home Address:</i>	
<i>Email</i>	
<i>Father:</i>	
<i>Home Phone:</i>	
<i>Work Hours:</i>	
<i>Place of Work:</i>	
<i>Cell Phone:</i>	
<i>Work Phone:</i>	
<i>Home Address:</i>	
<i>Email</i>	

Emergency Contact	
Name:	
Home Phone:	
Cell Phone:	
Work Phone:	
Place of Work:	
Work Hours:	
Email:	
Home Address:	
Name:	
Home Phone:	
Cell Phone:	
Work Phone:	
Place of Work:	
Work Hours:	
Email:	
Home Address:	
Persons <i>Other Than Parents</i> who may pick up the child/children	
1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

*Any Person listed above may be asked to show ID if not
recognized by the Aftercare Personnel.*

Health Information

Child' Name _____

Please list any medications your child takes regularly.

- 1.
- 2.

Please list any food or environmental allergies (i.e. peanuts, bee stings,)

- 1.
- 2.

Please list any health condition of which we should be aware

(i.e. migraine, seizure disorder, asthma, physical activity limitations)

- 1.
- 2.

Please feel free to share any other information you feel would help our staff provide the best possible care for your child.

All information provided will remain confidential and shared only with Aftercare personnel and health care professionals as a means of securing help for your child.

Child's Doctor _____

Phone # _____

Permission/Release

1. I hereby authorize the staff of St. Mary's After School Program to act on my behalf in seeking and approving emergency medical attention for my child.
2. I release St. Mary's School and After School employees from all liabilities of all sponsored activities of the program.
3. I have completed all health history and emergency information forms and they are accurate to the best of my knowledge.

Signature _____

I understand that aftercare is a service provided by St. Mary's school to provide a safe, enriching, environment for St. Mary's students. I have read and understand all policies

and procedures including those in the St. Mary's Student and Parent Handbook. I understand it is my responsibility as a parent to encourage my child to be respectful of others at all times and to follow all rules. I further understand that if my child is unable or unwilling to respect the rights of others in the program or follow the rules of the program, he/she may be expelled from the program.

Signature of parent or guardian:

Please Keep for your records

St. Mary's After School Program: Policies and Procedures

Snacks- A nutritious snack and drink will be provided daily

Pick Up Procedure- When you arrive to pick up your child, please see one of the after school employees. You may then sign your child out and they will be released. Only persons authorized on the registration form will be permitted to pick up your child. Any person other than the custodial parent will be required to show picture I.D.

Late Pick Up- If for any reason you will not be able to pick your child up by 5:30, please call Regina Waters at 616-5615. Please make every effort to be on time. Habitual lateness (3 or more times of more than 10 minutes) will incur a late fee of \$5.00 per late pickup.

Telephone Use- Telephone use is for emergency use only. Please make arrangements in advance and send a note if your child will deviate from his or her normal pick up routine.

Sickness- School Policies will be followed regarding sickness. If the child should become sick at the after School Program, the parents will be called.

Medicine- School policies will be followed regarding the administering of medication. A medication form must be filled out and the medication must be in the prescription bottle.

Extra-Curricular Activity Sign Out- If your child will be leaving the after school program to attend any other after school activity such as sports or clubs, you must fill out a permission slip and provide transportation.

General Policies and Procedures

1. Athletic or other closed toe shoes must be worn.
2. No clothing with inappropriate messages may be worn
3. **No toys** are to be brought from home.
4. Personal displays of affection are not permitted.
5. On half days parents must send a lunch. A snack will be provided.
6. **No electronics** may be brought from home.
7. Gum chewing is not permitted except when approved by the director.
8. Children may not engage in rough play or contact sports such as tackle football.
9. All children are expected to show respect for adults as well as peers at all times.
10. Television will be watched only for special events. Rated G movies may be shown on ½ days.
11. Activities are provided to encourage and foster social interaction. Students who choose not to participate may read or do homework or an individual activity that does not interfere with the rights of others.
12. No teasing or fighting will be permitted.
13. Children are expected to follow all St. Mary's policies and procedures as outlined in the Student Handbook. Any failure to do so may result in expulsion from the St. Mary's After School Program.
14. In the event of *inclement weather*, after school care will be provided until all children are picked up. For the safety of the children and staff, please make every effort to pick your child up as soon as possible after school is dismissed.
15. The St. Mary's After School Program reserves the right to amend these policies as deemed necessary.