

St. John's After School Care Program
2015-2016

After school care will again be provided by the parish for school children of St. John's. This program will be a service to our families and will entail a separate financial responsibility on their part. The following is an outline of what this program will provide along with its set up and fees. This program will utilize the gym, music room, and outside play area. Healthy snacks will be provided for the children. Activities will include playtime (inside or out depending on weather and gym use) and there will be a quiet time (this is to enable time for starting homework or just taking a rest by playing a game, reading, or coloring). G or some approved PG rated movies may be provided when the gym is in use. The children will be supervised and asked to abide by normal school rules. The idea of the program is to provide a safe environment where a child can have enjoyable supervised care.

Registration:

Each family requiring care will be asked to register their child or children by completing a registration form. There will be a \$20.00 registration fee per family. This fee is to help purchase snacks and supplies needed for the program throughout the year. A family will be allowed to register at any time throughout the school year (we realize situations change). Any family that feels they may have a need for this program is asked to please register in advance. Emergency care will be provided at a premium for any family not registered.

Hours of Operation:

Full day of school	3:00 pm to 6:00 pm
No school days	No care provided
Snow days	No care provided
Early dismissal due to weather	No care provided

Cost of program is based on attendance per week rate:

	Part Time (1-3 days)	Full Time (4-5 days)
1 Child (1 day)	\$15.00	\$25.00
2 Children	\$17.00	\$27.00
3 Children	\$20.00	\$30.00

Payment will be due on the Monday following the week of care. This will enable the coordinator time to balance the books and charge each family accordingly. Each family will be responsible for keeping those receipts for tax purposes. The After Care program is not required to issue statements at the end of the year.

After 6pm charges: Children must be picked up no later than 6pm. There will be a \$1.00 per minute per child charge. This money is to compensate the person who had to stay with that child or children after the designated 6pm pick-up time.

Emergency use of the program:

If for some reason a family needs to use this program and has not registered their child or children for the program they will be allowed a one-time use at the following rates:

1 Child :	\$15.00
2 Children:	\$20.00
3 Children:	\$25.00

Payment will be due the day services are rendered.

Safety:

Each family will be asked to designate who is allowed to pick their child or children up from this program. If it is someone other than a parent, they will be asked to show some kind of identification (if identity is unknown to the program coordinator). If an emergency arises and an unknown person will be called upon to pick up your child or children, the parent must call the program coordinator to let them know. Each child will be signed in to the program and will have to be signed out in the logbook before being dismissed.

If you intend to enroll your child or children in the After School Care Program for the school year, it is important for you to register your child(ren). Please fill in the registration form and send it back to school along with your \$20.00 registration fee (checks to be made out to St. John's Parish; please indicate on the bottom of your check for Registration ASC). Rules and other paperwork will be distributed the first day of care. Returning the registration form is very important so that appropriate staff and preparations can be made.

2015-2016
St. John the Baptist School
After School Care Program Registration Form
After School Care Phone 583-2392 Ext. 23

Family's Last Name: _____

Child's First Name: _____ Sex: _____ Grade: _____ DOB: _____

Child's First Name: _____ Sex: _____ Grade: _____ DOB: _____

Child's First Name: _____ Sex: _____ Grade: _____ DOB: _____

Registering for: Full Time: (4-5 days/week) _____

Part Time: (1-3 days/week) _____

(or) Occasional Day of Emergency Care: _____

Approximate time that your child/children will be picked up each evening: _____

Identification Information:

Home Phone #: _____

Home Address: _____

Mother's Name: _____

Work Phone #: _____

Pager #: _____

Cell Phone #: _____

Mother's Place of Employment: _____

Father's Name: _____

Work Phone #: _____

Pager #: _____

Cell Phone #: _____

Father's Place of Employment: _____

Emergency Information:

Physician: _____ Phone #: _____

After Hours Phone #: _____

Address: _____

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Emergency contact person (other than parent or doctor):

Name: _____

Phone #: _____

Relationship: _____

Work/Other #: _____

Name: _____

Phone #: _____

Relationship: _____

Work/Other #: _____

Please list any medical conditions that the Care Coordinator should be aware of: (food allergies, medication allergies, bee sting allergy, medical conditions—asthma/diabetic).

Child's Name: _____

Conditions: _____

Child's Name: _____

Conditions: _____

Child's Name: _____

Conditions: _____

If a child becomes ill while at After School Care, the parent will be notified and that child will be separated from the rest of the children to keep exposure to a minimum.

In case of an accident or serious illness, if we or the people designated are unable to be reached, I hereby authorize the Care Coordinator to call the physician listed above and to follow their instructions. If the physician is unable to be contacted, the Care Coordinator or person in charge may make whatever arrangements are deemed necessary.

Parent/Guardian Signature

Print Name

Date