



St. Aloysius Regional School Before School/After School Program 2016-2017

St. Aloysius Regional School's **Before & After School Program** is available to all parents with children enrolled at St. Aloysius. The program is designed for parents who are working and must leave early or are unable to be at home when the children return from school.

Our After School Program will be supervised by Mrs. Ann Marie Maynard (8th Grade Teacher) each day. Our Before School Program will be supervised by Mrs. Laura Clark (2th Grade Teacher) each day.

HOW IT WORKS: Parents are asked to indicate on the form which days they will be using our program(s). If there are last minute changes to the schedule parents will be required to send a note to the office **or** place a phone call before 2:30 pm that day.

TIMES: 7:00 am to 8:00 am for before school & 3:00 pm to 5:30 pm for after school, Monday through Friday when school is in session. **On early dismissal days the program will run from dismissal to 5:30 pm unless the early dismissal coincides with a Staff Development Day.** Parents are expected to pick up their child (children) promptly at 5:30 each day. In the event a parent is running late they are required to contact the teacher(s) and let them know. *There will be an additional charge after 5:30.* ****In the event after school activities are cancelled due to the weather the After School Program will be cancelled as well**.**

REGISTRATION FEES: There is a \$5.00 registration fee per family. This registration fee is non-refundable.

COST FOR BEFORE SCHOOL: \$6.00 for the hour.

COST FOR AFTER SCHOOL: \$6.00 for the first hour (Homework Help) and \$3.00 for the balance of the afternoon for a total of \$9.00 per child/per day on regular school days. \$6.00 will be charged even if the child(ren) stay for 15 minutes. On early dismissal days it is an additional charge of \$2.50 per hour/per child if there is an After School Program scheduled. *In the event a parent is late in picking up an additional charge may be applied per every 15 minutes over.*

BILLING: Parents will be billed every two (2) weeks based on the schedule they submitted and any additional last minute uses. Attendance will be taken by the teacher and that list will be cross-referenced with the family schedule for accuracy. Checks are to be made out to St. Aloysius Regional School.

In the event a parent does not pay the child may not attend in the future.

LOCATION: 2nd Grade Classroom for before school and 8th Grade Classroom for after school.

HOMEWORK: All homework is completed prior to any play activities in the after school program. There will be board games, craft activities and, weather permitting, outdoor activities available after homework. Students will also be encouraged to read.

SNACKS: Parents are asked to pack a small snack for their child for both programs if you feel your child may be hungry. Snacks are not provided.



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**** Please submit this form along with your Registration Fee of \$5.00 to the school office ****

Family Name: _____

Parent(s) Name: _____

Students: _____ **Grade** ____ **D.O.B.** _____

_____ **Grade** ____ **D.O.B.** _____

_____ **Grade** ____ **D.O.B.** _____

_____ **Grade** ____ **D.O.B.** _____

Address: _____

Cell Phone: _____

Email: _____

Work Phone: _____

Home Phone: _____

Parents/Authorized Persons to pick up your child (children):

_____ Phone _____ Relationship: _____

_____ Phone _____ Relationship: _____

_____ Phone _____ Relationship: _____

OFFICE USE ONLY

Before _____ After _____ Both _____

CHECK# _____ DATE PAID _____ REC'D BY _____ RCPT GIVEN _____



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ONE FORM PER CHILD

Name of Student: _____

Address: _____ Home Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION IF PARENTS CAN NOT BE REACHED

Name _____ Phone _____ Relationship: _____

Name _____ Phone _____ Relationship: _____

INSURANCE INFORMATION

Name of Provider: _____

Policy #: _____

MEDICAL INFORMATION

Medications your child is taking and what it is being taken for. Please use reverse if more space is needed.

_____ Prescribed for _____

_____ Prescribed for _____

NAME OF PEDIATRICIAN _____ PHONE _____

ALLERGIES

In the event of injury or illness, I hereby give permission for my child, named above, to be treated by any doctor or hospital as he/she may require.

Parent/Guardian Signature

Date