

St. Catharine School Aftercare Program Registration Form

Welcome to our Aftercare Program. Our program provides a balance of open playtime (much needed after a long school day), homework help, and activity time in a safe environment. The hours of operation are **2:30 – 6:00p.m.** on full session days, and **12:30 – 6:00 p.m.** on four hour school days. The fees are as follows:

- \$25.00 **per child** regular dismissal school days.
- \$35.00 **per child** 12:30 dismissal school days.

PAYMENT POLICY Fees are billed bi-weekly and payments are due upon receipt of billing. **This is a self-supporting program therefore; we must receive payments in a timely manner.** In the event that payments become past due, **After Care privileges will be suspended until the balance is satisfied.** A \$20.00 late pick-up fee is charged for any student not picked up by 6:00 p.m.

An Aftercare registration form is below. This must be completed and returned prior to the first day that you intend to use the program. **No child may come to Aftercare who is not pre-registered.** This policy is to assist with communication and safety. A **non-refundable** registration fee of **\$25.00** must accompany the registration form. A policy and procedure guide will be given to families registering for Aftercare.

PLEASE COMMUNICATE ANY CHANGES IN ATTENDANCE PRACTICES or to SCHEDULE YOUR CHILD’S AFTERCARE SESSIONS BY CALLING 449-4424, EXT. 308 TO REACH OUR AFTERCARE COORDINATOR, MRS. BACHOR

St. Catharine School 2020-2021 Aftercare Registration

Child's Name _____ Grade _____
Home Address _____
Home Phone _____ Birthdate _____
Mother's Name _____ Father's Name _____
Mother's Work Phone _____ Father's Work Phone _____

Emergency names: List the adults we may call if neither parent can be reached in case of an emergency (this includes early closings of Aftercare due to inclement weather).

Name _____ Phone _____ Relation to child _____
Name _____ Phone _____ Relation to child _____ List

the names of **all persons who have permission** to pick up your child from Aftercare.

Name _____ Phone _____ Relation to child _____
Name _____ Phone _____ Relation to child _____
Name _____ Phone _____ Relation to child _____

WE WILL NOT RELEASE A CHILD TO ANYONE WHOSE NAME DOES NOT APPEAR ON THIS FORM.

IF AT A LATER DATE YOU WISH TO ADD OR DELETE NAMES FROM THIS LIST, YOU MUST DO SO IN WRITING. PHONE CONTACT DOES NOT APPLY.

Please indicate any allergies or other physical concerns, which your child might have.

Parent's Name _____

Parent's Signature _____

Date _____