

2018-2019 Afterschool Care Registration

St. James Catholic School

Parent's Name _____
 Email Address _____
 Billing Address _____
 Phone(Home) _____ Mother work # _____
 Mother cell# _____ Father work# _____
 Father cell# _____

Please write the first and last name of all your children who will attend After School Care.

Pre-Kindergarten 3 _____	Third _____
Pre-Kindergarten 4 _____	Fourth _____
Kindergarten _____	Fifth _____
First _____	Sixth _____
Second _____	

The following may release my child from school or act in my absence:

Name _____ Phone _____
 Name _____ Phone _____
 Name _____ Phone _____

The following **MAY NOT** release my child from school.

I hereby give permission for the proper school authorities to seek medical assistance in case of an emergency if I cannot be reached.

Doctor _____ Phone _____
 Hospital _____

I agree to pay the monthly fee and yearly registration fee. I understand that the After School Care Program will not be available for my use if I fail to pay within 30 days.

I agree that in case of an accident or injury, medical care will be given to my child in the event I cannot be contacted immediately. I understand that I am responsible for any costs incurred for emergency transportation of my child to any medical facility. I agree that its employees shall not be held responsible in case of sickness or injury while in attendance. I understand that After School Care staff will not administer medication, prescriptions or non-prescriptions to my child.

I understand that an After School Care snack will be served to the students between 3:30 p.m. and 4:00 p.m. for younger children and 4:00 p.m. and 4:30 p.m. for grades 4-6th. Please do not send candy, soda or gum. We will provide a healthy snack.

I understand on Staff Development days students attending After School Care must bring a lunch and drink.

I understand and agree that my child cannot change out of his/her uniform for after school sports, dance, etc. This is a Diocesan policy.

Video games and cell phones are not allowed in After School Care.

Signature of Parent or Guardian: _____ Date: _____

St. James School

After School Care Program

After School Care will begin Tuesday, August 7th. If your child(ren) will be attending this program, you must fill out the attached registration form and return it to the school office before they will be allowed to attend.

Children not picked up by 3:00 p.m. will be sent to After School Care.

A registration fee of 15.00 per child will be included in your first bill.

Hours of Service:

2:45 p.m. to 5:30 p.m. Monday-Friday on regular school days

12:00 p.m. to 5:30 p.m. on Staff Development Days

Regular Rates

Children	Daily Rates Pick-up before 4:00 p.m.	Daily Rates Pick-up after 4:00 p.m.	Weekly Rates
1	\$5.00	\$10.00	\$45.00
2	\$8.00	\$16.00	\$80.00
3 or more	\$11.00	\$22.00	\$110.00

Staff Development Day Rates

Noon Dismissal

Children	Daily Rates Pick-up before 2:30 p.m.	Daily Rates Pick-up after 2:30 p.m.
1	\$10.00	\$20.00
2	\$16.00	\$32.00
3	\$23.00	\$46.00

On Staff Development days, students attending After School Care need to bring a sack lunch and a drink.

In the event that you fail to send a lunch for your child, your account will be charged \$3.50.

Any child who is contracted for After School Care **must be picked up by 5:30 p.m.** If your child is picked up after 5:30 p.m., the family will be assessed a penalty fee of \$5.00 per each 5 minutes, per child, or portion thereof. More than three occurrences in one month or six occurrences in one year will be cause for dismissal from the After Care Program.

Statements will be emailed each month. Please check your spam folder if you do not receive an emailed bill the first week of each month. After School Care charges must be paid within 30 days or students will be denied participation in the program and a parent or guardian will be called for the student(s).