

Family Last Name: \_\_\_\_\_

**St. Mary's After School Program  
2018-2019**

**Contact Information sheet; please print (return to school).**

Student's full name: \_\_\_\_\_ grade \_\_\_\_\_  
\_\_\_\_\_ grade \_\_\_\_\_  
\_\_\_\_\_ grade \_\_\_\_\_

Parent #1 Full Name: \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent #2 Full Name: \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone \_\_\_\_\_

**Name of person to be contacted in an emergency if you cannot be reached:**

Name \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

Child's doctor: \_\_\_\_\_ phone \_\_\_\_\_

Child's dentist: \_\_\_\_\_ phone \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Please list any medical conditions, allergies etc. your child has:

\_\_\_\_\_

I give permission for the following person(s) to pick up my child(ren) from St. Mary's After School Program. **Persons not on this list will not be permitted to pick up your child(ren).**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_

Please write on the line below each day of the week your child(ren) will attend the program.

Please send a note into school with your child(ren) if this changes.

\_\_\_\_\_

My child(ren) has my permission to participate during the school year in all of the activities that take place in the St. Mary's After School Care Program. I understand there will be adequate responsible staff for the program. In case of emergency, the staff has the authority to take my child to the nearest hospital for treatment. In all other cases, every effort will be made to contact parents prior to treatment. I am aware of the fees associated with the program and agree to pay said fees on a timely basis. In the event that I fall two or more weeks behind in payments, I understand that my child will be barred from the program.

\_\_\_\_\_  
Signature of Parent (guardian)      date

\_\_\_\_\_  
Signature of Parent (guardian)      date

# St. Mary's School After School Program

2018-2019

## Information Sheet

*(Keep for your records)*

The After School Program operates each school day from dismissal time until 5:30 PM. A snack and drink will be provided each day.

**Cost:** **\$13.00** per day for one child and **\$16.00** per day for two or more children in the same family.

**First Fridays:** The program begins at 12:00 noon (children must bring a lunch from home) and runs until 5:30 PM. The cost for First Fridays is **\$19.00** for one child and **\$23.00** for two or more children in the same family.

**Payment:** Fees associated with the After School Program will be charged to your FACTS Tuition Management Account. Each Monday, fees accumulated for the prior week will be submitted by St. Mary's School to your FACTS account. You will receive an email from FACTS confirming an adjustment has been made to your account. FACTS will generate one monthly ACH debit (or invoice) for the total amount of charges equal to your tuition payment, plus any accumulated after care fees, as of the date you are debited/invoiced. You may access information about these fees, as well as generate Year End Statements of After School Fees paid for tax purposes, by logging onto your FACTS Tuition Account online. Chronic payment delinquencies will result in being barred from the program.

**Emergency Closing:** On those days when we must close school early due to inclement weather, After School Care will **not** be provided. Please make arrangements for your child to be picked up, or let us know if they should take the bus home. Additionally, school may remain in full session, however After School Care may be cancelled due to inclement weather. Again, you will be notified of the closure and given a pick up time. Late fees will apply in this instance if your child is not picked up by the specified time. School closings will be announced on local radio and TV stations and on our website ([smswaterford.org](http://smswaterford.org)). Early closing will also be communicated via School Reach notification system.

**Late Fee:** A \$5.00 late fee will be charged for pick-ups between 5:30 PM and 5:40 PM with a \$1.00 per minute charge for each additional minute after 5:40PM.

**Personal Property:** We recognize that children like to bring toys to the After School Program. With so many children attending the program, some personal property has been damaged. We can not be responsible for personal property damaged / lost during the program.

**Clothing:** Children should bring a change of clothing and sneakers for play. We will go outdoors as weather permits, so appropriate outerwear is essential. Please be sure your child's clothing and personal belongings are labeled with their name.

The After School Program will begin on September 12, 2016. The last day of the program will be announced in June.

*There is No After School Program on the last school day before Christmas vacation, December 22nd.*

**The After School Program phone number to reach the teacher on duty is 322-5319.**