ST. JOSEPH CATHOLIC SCHOOL AFTER-SCHOOL CARE PROGRAM

Dear Parents,

St. Joseph School Catholic School offers an After School Care Program to any student on a daily or drop-in basis and will operate from 3:25 p.m. to 5:30 p.m., Monday through Friday. Services will NOT be provided on days dismissed early due to inclement weather, “NO SCHOOL” days, and days scheduled to dismiss at 12:15, such as faculty in-service days. Fees for the program will be as follows: enrollment for **one child is $5.00 per hour and the second child is $3.00 per hour, per day**. Fees will be due each Friday on a weekly basis and daily on a drop-in basis. The rates listed above are for the hour or any portion thereof. A penalty will be charged if your child is picked up after 5:30 p.m.

Aftercare students will meet in and be dismissed from the school lunchroom on the North side of the school building. Students that are not picked up from school by 3:35 p.m. will automatically be sent to the Aftercare Program. Please do not expect your child(ren) to wait outside, in the gym, or in a classroom for you after 3:35 p.m. For safety reasons, students will not be allowed to be without adult supervision in any area of the school or playground.

Students must enroll in the After School Care Program so appropriate supervision can be provided. After School Care providers must be adequately compensated for their time and responsibilities. In order to provide the supervision necessary, the school needs to know how many students will participate on a regular basis and how many will use the service on a part time basis.

We plan to provide recreational activities, as well as a study time for your child(ren) each day. Students may bring their own snacks, if they wish. Please make us aware of any special circumstances that may arise regarding pick-up, etc. by providing a note from home. We cannot release students to anyone other than parents without written consent.

We are looking forward to a great year as we work together in upholding the high Christian moral standards that St. Joseph School exhibits. Please feel free to contact me with any questions or concerns.

Blessings,

Mrs. Kelsey Emmerich, Principal

*Please fill out the registration form below if you plan to use the program on either a regular or a drop-in basis and return it to the office.*

**REGISTRATION FORM FOR ST. JOSEPH CATHOLIC SCHOOL’S AFTER SCHOOL CARE PROGRAM**

**Parent(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother** **Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father** **Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child(ren):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child(ren)’s Doctor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EMERGENCY RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize St. Joseph Catholic School After Care Program to seek medical assistance for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_