

## **2022-2023 AFTER SCHOOL CARE PROGRAM**

**AFTER SCHOOL CARE BEGINS AT 3:15 P.M. ON REGULAR SCHOOL DAYS AND 2:45 ON 2:30 DAYS (TUESDAYS). CHILDREN MAY NOT BE LEFT UNATTENDED AFTER THESE TIMES ON THE CORNER, IN THE GYM, AROUND THE STATUE OF MARY OR WAITING FOR AFTER SCHOOL ACTIVITIES (THIS INCLUDES SPORTS, CHEERLEADING, SCOUTS, ETC.). COACHES WILL BE REQUIRED TO SIGN OUT CHILDREN FOR PRACTICES. CHILDREN WILL NOT BE ALLOWED TO LEAVE AFTER SCHOOL CARE ON THEIR OWN.**

**THE FEES FOR 3:15 TO 4:00 AND 2:45 TO 4:00, WILL BE \$5.00 PER DAY. AFTER 4:00 P.M. REGULAR DAYCARE FEES WILL APPLY.**

REGISTRATION FEES: A \$25.00 non-refundable registration fee payable to Holy Rosary School will maintain placement for your child for the school year. A \$40.00 registration fee will be charged for family enrollment.

### **AFTER SCHOOL CARE FEES FOR FULL TIME/PREPAID CHILDREN**

\$60.00 PER WEEK PER CHILD

\$100.00 PER WEEK FOR TWO OR MORE

\$12.00 PER DAY FOR WEEKS INCLUDING A HOLIDAY OR HALF DAY.

**FULL TIME ENROLLMENT REQUIRES PAYMENT WHETHER IN ATTENDANCE OR NOT. ONE WEEK WILL BE ALLOWED FOR VACATION DURING THE 40 WEEK SCHOOL YEAR. YOU MAY SPLIT THIS UP ANYWAY YOU CHOOSE. FEES ARE TO BE PAID THE MONDAY OF THE WEEK YOU ARE SCHEDULED TO STAY IN AFTER SCHOOL CARE.**

### **AFTER SCHOOL CARE FEES/PART-TIME - PAYABLE ON FRIDAY AFTER THE DAYS YOU STAY**

\$15.00 PER DAY PER CHILD

\$25.00 PER DAY TWO OR MORE

SNACK/SIGN OUT: A snack and drink is included in the ASC fee. When picking up your child, a signature along with the time picked up is required. If your child has been put on the roll and you do not sign them out, we assume they are here until 6:00 p.m. and you will be charged accordingly.

PICK-UP: Children must be picked up no later than 6:00 p.m. each evening. If for some reason you are going to be delayed, please inform us by calling on the school phone, 685-1231 or 550-2695 (Mrs. Bryan's cell). Please be considerate in picking your child up on time, as we also have evening obligations to meet. The fee for late pick-up will be \$1.00 per minute after 6:00 p.m.

DISCIPLINE: All children enrolled in after school care will be expected to follow rules established by the staff for the safety and smoothness of the program. Children with continual behavior problems will be asked to leave the program.

**ALL PAYMENTS ARE DUE WEEKLY. ACCOUNTS CAN BE VIEWED ON RENWEB, THROUGH THE PARENTS WEB. PAYMENTS CAN BE MADE ONLINE, OR THROUGH KIDMAIL OR IN THE OFFICE.**

**THERE IS NO AFTER SCHOOL CARE ON HALF DAYS.**

# PLEASE COMPLETE AND RETURN TO HOLY ROSARY SCHOOL

## AFTER SCHOOL CARE INFORMATION SHEET

Name of Child #1 \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Name of Child #2 \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Name of Child #3 \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

### PARENTS:

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Place of Work \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

### TRANSPORTATION PLAN:

To insure the safety of your child, please list other adults that are allowed to pick up your child.

\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACTS:

Name of other people that are authorized to act for parents in an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Any Medical Information, Allergies, or Prescription Medication we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

I do hereby authorize emergency medical care for my child.

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

**BRING THIS FORM TO PREVIEW DAY OR SEND TO THE SCHOOL OFFICE.**