



# HOLY CHILDHOOD SCHOOL

215 North John Street

Mascoutah, IL 62258

618-566-2922

[www.holychildhoodschool.com](http://www.holychildhoodschool.com)

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## **AFTER SCHOOL CARE 2017-2018**

# Holy Childhood School After School Care

Please include a \$20.00 registration fee for each child.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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Home \_\_\_\_\_ Home  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Status: Married\_\_ Separated\_\_ Divorced\_\_ Single\_\_ Either Deceased\_\_

Father's Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Child's Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Person to be notified in case of an emergency when parent/guardian is unavailable

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Special Notes or Health Concerns:

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### Attendance Schedule

Weekly Fee: \_\_\_\_\_

I will pay (circle one): Weekly Monthly

Schedule: \_\_\_\_\_ 3:00-6:00 M T W Th F (circle days)

\_\_\_\_\_ Schedule will vary (please provide a schedule weekly/monthly)

Starting Date: \_\_\_\_\_

Person(s) authorized to pick up child(ren) other than parent/guardian.

\*For your child's safety please bring a photo ID when picking up your child

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_

Please share any information that would be useful in providing care for your child(ren): \_\_\_\_\_

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

### Registration Agreement

I understand that I am committing myself to participation in the Holy Childhood School After School Care Program for the duration of the school year unless unforeseen events make withdrawal necessary. If withdrawal from the program is necessary, I will give two (2) weeks notice in writing to the Holy Childhood School After School Care Program.

I understand that I am responsible for payment of contracted fees, paid in advance on the preceding Friday. Checks are to be made payable to: Holy Childhood School. Please give to Aftercare staff or school office.

If my child is having problems in the program a conference will be arranged between the parent, Holy Childhood After Care staff, and principal. Holy Childhood School After Care Program reserves the right to terminate services if it is determined that behavior/placement is unsatisfactory.

**I have read, and agree to all the policies and fee procedures.**

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

# Holy Childhood School After School Care

During the school year, After Care will operate from 3pm-6pm Monday-Friday. There will be **NO** After Care on days when there is no school (i.e. early dismissal, non-student attendance days, snow days, holidays, etc.)

## Cost of the Program:

	Number of Days Per Week (including snack)			
	5 Days	4 Days	3 Days	2 Days
1 Child	\$43.00	\$35.00	\$27.00	\$20.00
2 Children	\$79.00	\$64.00	\$50.00	\$35.00
3 Children	\$115.00	\$95.00	\$75.00	\$60.00
An annual registration fee of \$20.00 <b>per child</b> is to be paid at the time of registration to help purchase needed supplies.				

## Payment:

Fees are collected only for the days used, but payments are due during the week of service. If a payment is more than 2 weeks late a \$5 late fee will be added. You can choose to pay either weekly or monthly.

## Late Pick Up Fees:

After Care ends at 6:00pm. All children must be picked up no later than 6:00pm. If you are late picking up your child, a late fee of \$5.00 will be charged for each 15 minutes (or fraction thereof) you are late. We ask that you please notify the After Care staff if you will be late.

## Pick Up:

Only those people authorized by you on your pick up list will be allowed to pick up your child. We ask that the first time a new person picks up your child he/she brings a photo ID. Your child's safety is our main concern. We also ask that your child be signed out every day.

## Medication:

If medication is required during After Care hours, only prescription medication may be dispensed. A signed note from parents or guardians giving permission to give medication, including the time, date, and amount given, must accompany the medication. The Medication Consent Form at the end of the handbook needs to be completed by the parent or guardian.

## **Structured Program:**

The After Care program is supervised by hired personnel here at Holy Childhood School. A flexible schedule is planned weekly by the staff and will include:

- Snack (provided)
- Study Time
- Homework Assistance
- Structured Playtime
- Outside Play (weather permitting)
- Arts and Crafts

## **Behavioral Guidelines:**

Students participating in the Holy Childhood After Care Program will be expected to obey and respect all staff and other students in the program. They will follow the same school rules, policies, dress code, and conduct that they follow during the regular school day. This policy will be firmly enforced so as to ensure the best experience for all children and staff. All children are registered on a trial basis. If the program does not meet your child's needs or your child is unable to adapt to the program, a conference will be held first with the After Care staff, and if necessary, with the principal to correct any problems that may occur. Our ultimate concern is your child's safety and well being. Your cooperation is essential for the success of our program.

## **Questions:**

If you have any questions, comments, or concerns please call Mrs. Dougherty, Principal, at 566-2922.

**HOLY CHILDHOOD SCHOOL MEDICATION CONSENT FORM**

(This form must be on file in the school office in order for medication to be administered at school.)

I, \_\_\_\_\_, give permission to my child, \_\_\_\_\_, to take the following medication at the following scheduled times under the supervision of a Holy Childhood School staff member.

**MEDICATION, DOSAGE AND TIME TO BE ADMINISTERED**

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

- **All medication must be in its original container.**
- **The container must be marked with the child’s name.**
- **Parents should also include the utensil to provide exact dosage.**

I/We understand and acknowledge that Holy Childhood School personnel are under no obligation to render the assistance requested and that such assistance will be rendered by an employee of the school who is not medically trained. I/We hereby release Holy Childhood School, its Board of Education, its officials and employees from any and all liability for damages or injury directly or indirectly resulting from the performance or failure of performance of the assistance requested.

Parent/Guardian Signature: \_\_\_\_\_ Date:\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number\_\_\_\_\_

In consideration of our faculty and staff, we urge you that, if at all possible, times for taking medicine be arranged for when your child is not in school.

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