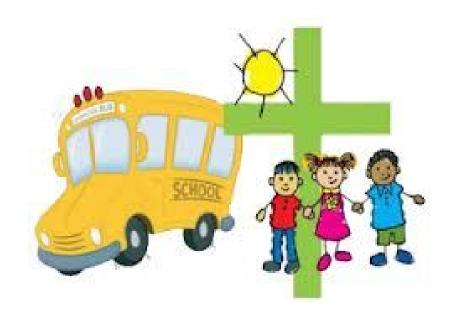


215 North John Street Mascoutah, IL 62258 618-566-2922

www.holychildhoodschool.com Email: hcs@holychildhoodschool.com



AFTER SCHOOL CARE 2016-2017

Holy Childhood School After School Care

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

Student Name:	Grade:
Student Name:	Grade:
Student Name:	Grade:
Home	Home
Address:I	
Family Status: Married Separated Divor	rced 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	
THOR	5 INGINISCI
Person to be notified in case of an emergency	
Name:I	
	Home Phone:
	Cell Phone:
Special Notes or Health Concerns:	
Special Notes of Ficartif Concerns.	

Attendance Schedule

Weekly Fee:	
I will pay (circle one): Weekly Mo	onthly
Schedule: 3:00-6:00 M Schedule will va	T W Th F (circle days) ary (please provide a schedule weekly/monthly)
Starting Date:	
·	ld(ren) other than parent/guardian. se bring a photo ID when picking up your child
Name:Phone:	_ Relationship to child:
Name:Phone:	_ Relationship to child:
•	stration Agreement
Childhood School After School Car unless unforeseen events make wit program is necessary, I will give tw Childhood School After School Car I understand that I am resp advance on the preceding Friday. C Childhood School. Please give to A If my child is having problem between the parent, Holy Childhoo	consible for payment of contracted fees, paid in Checks are to be made payable to: Holy ftercare staff or school office. In in the program a conference will be arranged d After Care staff, and principal. Holy fram reserves the right to terminate services if it
I have read, and agree to all the	e 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 **per child** 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 permi following scheduled times under the supervision.	ission to my child,, to take the following medication at the ision of a Holy Childhood School staff member.
	ION, DOSAGE AND TIME TO BE ADMINISTERED
 All medication must be in its orig The container must be marked w Parents should also include the u 	vith the child's name.
requested and that such assistance will be re release Holy Childhood School, its Board of	y Childhood School personnel are under no obligation to render the assistance endered by an employee of the school who is not medically trained. I/We hereby f Education, its officials and employees from any and all liability for damages or injury formance or failure of performance of the assistance requested.
Parent/Guardian Signature:	Date:
Home Phone Number:	Work Phone Number
child is not in school.	urge you that, if at all possible, times for taking medicine be arranged for when your
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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

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.