



## **After School Program** **Schedule**

All parents who would like to register their children should do so before classes start in September. Registration forms for the After School Care must be returned to school before the first day of school.

Location: St. Francis de Sales After School Care room  
Eligibility: All SFDS students grades K thru 8  
Hours: School days from class dismissal until 6:00 p.m.

**Note:** There is **no** after school care on the day we are dismissed for Christmas Vacation, Festival Friday and the last day of school.

<u>Staff:</u>	Maggie King	Co-Director
	Ana Veselic	Co-Director
	Nadia Seikaly	Homework Tutor
	Marie Powell Lipton	Homework/Arts/Crafts
	John Logan	Sports
	Shannon King	Homework/Sports

## **Program Schedule**

**Sign-in and snack time**  
**Homework and tutoring**  
**Supervised sports clinic**  
**Arts and crafts**  
**Lego Robotics**

## St. Francis de Sales

### After School Care Fee Schedule

<u>Monthly Fees</u>	<u>After School Care</u>
Kindergarten	\$200.00
One Child	\$175.00
Two Children	\$225.00
Three Children	\$275.00

### **Pre-Paid Package Of Ten Days.**

One Child	\$150.00
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### *Emergency Daily Fees.*

One Child	\$20.00
Two Children	\$30.00
Three Children	\$40.00

A \$50 Registration Fee (per Family) is charged when registering for After School Care

**All monthly payments are due by the 7<sup>th</sup> of each month.**

**A late fee of \$10.00 will be assessed to payments received after the 7<sup>th</sup>. All returned checks will be charged a \$25.00 re-processing fee.**



## A.S.C. MEDICAL RELEASE FORM

To Whom It May Concern:

I give permission for emergency Medical Treatment for \_\_\_\_\_ who is enrolled in the After-School Care Program at St. Francis de Sales.

\_\_\_\_\_  
Father's signature

\_\_\_\_\_  
Emergency Phone number

\_\_\_\_\_  
Mother's signature

\_\_\_\_\_  
Emergency Phone number

Valid from \_\_\_\_\_ Through \_\_\_\_\_  
Date Date

### **Emergency Information**

Program: \_\_\_\_\_ Date \_\_\_\_\_

**Child's name** \_\_\_\_\_  
Please Print

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

**Child's name** \_\_\_\_\_  
Please Print

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or other medical information we need to be advised of:

\_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_



## **AFTER-SCHOOL CARE CONTRACT**

St. Francis de Sale Catholic Elementary School offers extended day care until 6:00 pm. This service is provided only for students currently enrolled in grades K to 8<sup>th</sup> of this school. In return, the undersigned parents agree to pay in advance \$ \_\_\_\_\_ per month per child or \$ \_\_\_\_\_ per month per family).

A late fee of \$10.00 will be charged for fees not paid by the 7<sup>th</sup> of the month. **Children not picked up before 6:00pm will be charged a late fee of \$1.00 per minute late fee, payable at that time.** Frequent tardiness in picking up a student will be grounds for terminating the student's participation in the program. Any child whose parent fails to meet these payment obligations will not be eligible to continue in the program.

The undersigned parents agree to indemnify and hold harmless the Archdiocese, the School, and all their employees, consultants (paid or volunteers) from any loss or liability arising out of their extended school day program as such loss or liability relates to the child/children covered by the contract.

**The names and grades of my children who are to be included in the program are:**

	NAME	GRADE
1.	_____	_____
2.	_____	_____
3.	_____	_____

**The following are the names and telephone numbers of the persons authorized to pick up my child/children after school or to be called in an emergency (must be eighteen (18) years of age or have an additional release form.**

	Name	Phone number	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Enclosed is a Medical Release Form, please note any medical problems, allergies or medications.

\_\_\_\_\_  
Father Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother Signature

\_\_\_\_\_  
Date