

ALL SAINTS AFTER CARE PROGRAM

Welcome to All Saints School After Care Program!

Our school is offering this service to school families who need adult supervised child care after the close of school, Monday through Friday. Your child(ren) will be cared for by qualified staff members of the school. The care given will reflect a continuous caring, Christian environment flowing from the philosophy of All Saints School.

Your child/children will have numerous activities during their time in our care. These activities include group games, crafts, movies, free time, homework or study time, and snack time. We look forward to rewarding experiences for your children, and believe this program will be of help to our school families.

Thank you,

Tina Leehy
Director

Mission Statement:

- All Saints After Care strives to provide a caring and nurturing environment to students, to ensure Christian values. We strive to create an environment where skills are cultivated and provide opportunities for play and social development.

Purpose:

- ❖ To provide a safe after school environment for children in preschool through 8th grade.
- ❖ To have physical activity balanced with quiet time for homework or reading.
- ❖ To enhance your children's creativity and skill through arts and crafts.
- ❖ To enhance teamwork and communication through games.

PLEASE KEEP THIS PAPER FOR YOUR RECORDS

(OVER)

ALL SAINTS SCHOOL AFTER SCHOOL CARE PROGRAM 2019-2020 SCHOOL YEAR

Time: P.M. Dismissal until 6:00 p.m.

Minimum Enrollment: 1 day per week

***Annual non-refundable registration and supply fees:**

1 child..... \$35.00
 2 children.....\$40.00
 3 or more children.....\$50.00

FEE SCHEDULE

	<u>1st Child</u>	<u>2nd, 3rd, 4th Child</u>
1 Day per Week	\$22.00	\$15.00 each
2 Days per Week	\$33.00	\$18.00 each
3 Days per Week	\$43.00	\$23.00 each
4/5 Days per Week	\$54.00	\$29.00 each
Milk, water or juice	.35	
6 pm. and after	\$2.00 per minute per family	

Payment is due on the Friday prior to the service. There is an additional \$10.00 charge per child on ½ day, Parent/Teacher Conference Day.

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ALL SAINTS SCHOOL
AFTER SCHOOL CARE PROGRAM
Program Days and Hours
2019-2020

August 16, 2019- Program begins
May20, 2020 – Last Day for After Care

Hours*

Regular Dismissal Days: 2:40 p.m. - 6:00 p.m.
½ Day Faculty Meeting Days: Dismissal – 6:00 p.m.
Parent/Teacher Conferences: Dismissal – 6:00 p.m.

There is NO AFTER CARE ON:

Holy Days when school is not in session

Holidays when school is not is session

Field Day

November 8, 2019- Craft Bazaar Set-up

December 20, 2019

*No After Care on **Unscheduled** early release days due to inclement weather

* Some additional changes may occur, parents will be notified in advance

Sample Activity Schedule

2:50- Dismissal from Classroom

2:55- Attendance

3:00- Snack

3:30- Outdoor or Gym for Play

4:30- Library and Room 206

6:00- Dismissal

ALL SAINTS CHILD CARE PROGRAM GUIDELINES

(August 2019-June 2020)

1. This is a directed, organized program as opposed to all free play time. The program will include gathering time, outside play time (weather permitting), quiet time for homework and/or reading, games, crafts, and movies.
2. We will provide a snack for the children in the afternoon. Children may bring their own additional snacks if they choose. You may send a drink with them or purchase milk for them through the school milk program. Milk, juice, or water are .35 per day and deducted from your family lunch account.
3. The children are encouraged to change into play clothes after school. Preschool and kindergarten children should keep a change of under clothing, pants, and socks in their school bags.
4. Enrollment is one to five days per week. Attendance records will be kept for each child in the program.
5. If your schedule varies from week to week, you must register the days you will use the program on the Friday prior to service. We do not offer drop-in service of any kind. As a courtesy, if your child is registered but circumstances change over summer vacation, please notify the director, as she will need to determine staffing numbers for the coming school year.
6. Payment is due on the Friday prior to service for the following week. We reserve the right to suspend services for our After School Care Program for non-payment of fees. Non-sufficient fund checks will be charged a \$40.00 fee.
7. There is After Care on the ½ day faculty meeting days and Parent/Teacher Conference day in November.
8. If hazardous driving conditions develop during the day (i.e.: ice, heavy snow) please pick your child(ren) up as early as possible. This is for their safety as well as the safety of our child care providers. If school is dismissed early due to inclement weather, After Care is cancelled. Most employers understand if employees need to leave under such circumstances and any effort you can make will be greatly appreciated.
9. The After School Care Program closes promptly at 6:00 p.m. If your child(ren) are not picked up by 6:00 p.m., there will be a \$2.00 per minute per family late charge added to your bill. This fee is to be paid at the same time Friday when you pay for the upcoming week. ***We reserve the right to suspend services for our After School Care Program for delinquent payment or nonpayment of this fee.***
10. For our information and your child's safety, we must have a record who will be picking your child(ren) up. If the person who is picking up your child(ren) is not listed on your emergency information sheet, you will need to send a note that day to let us know. This is very important. Without this note, we cannot release your child(ren). Identification will be required of the person picking up your child(ren).

(OVER)

11. If you child(ren) will be leaving directly after school and not attending on his/her scheduled day, you will need to send a note so that we can let them go outside to your car or call the school office notifying the secretary to send the child/children to the parking lot. If a note isn't sent or phone call received, you will need to come inside to pick them up, as we can't release them on their own.
12. Children are entitled to a pleasant and harmonious environment. The After School Care Program cannot serve children who display disruptive behavior. If a child cannot adjust to the setting and behave appropriately, the child will be discharged. Our program adheres to the policies of the "All Saints Parent and Student Handbook."

PLEASE KEEP THIS PAPER FOR YOUR RECORDS

PLEASE ENCLOSE THE ANNUAL NON-REFUNDABLE REGISTRATION AND SUPPLY FEES:

1 Child	\$35.00
2 Child	\$40.00
3 Child	\$50.00

ALL REGISTRATIONS MUST BE TURNED IN ASAP.

ALL CHECKS SHOULD BE MADE OUT TO *ALL SAINTS*.

**ALL SAINTS AFTER SCHOOL CARE PROGRAM
REGISTRATION FORM
2019-2020 SCHOOL YEAR**

FAMILY NAME: _____

CHILD'S NAME _____ GRADE _____ BIRTHDATE _____

MOTHER'S NAME: _____ HOME PHONE: _____

ADDRESS: _____ CITY/ZIP: _____

EMPLOYER: _____

ADDRESS: _____ CITY/ZIP: _____

BUSINESS PHONE: _____ CELL PHONE: _____

FATHER'S NAME: _____ HOME PHONE: _____

ADDRESS: _____ CITY/ZIP: _____

EMPLOYER: _____

ADDRESS: _____ CITY/ZIP: _____

BUSINESS PHONE: _____ CELL PHONE: _____

CHILD LIVES WITH: ___ MOTHER ___ FATHER ___ BOTH PARENTS ___ OTHER _____

PLEASE CHECK YOUR CHOICE:

_____ 1 Day (Which One? _____)

_____ 2 Days (Which Two? _____)

_____ 3 Days (Which Three? _____)

_____ 4 Days (Which Four? _____)

_____ 5 Days

(OVER)

**ALL SAINTS SCHOOL
AFTER SCHOOL CARE PROGRAM
EMERGENCY CONDITIONS
RELEASE AND/OR CUSTODY AUTHORIZATION**

Please list names, telephone numbers and relationship of at least two persons other than parents/guardians who have agreed to be contacted and are authorized to give information or pick up students in the event parents/guardians cannot be contacted.

**FOR ILLNESS & EMERGENCY CONDITIONS
(WEATHER, EARLY DISMISSAL, DISASTER CONDITIONS)**

NAME	HOME PHONE	WORK PHONE	CELL PHONE	RELATIONSHIP TO CHILD
1. _____				
2. _____				
3. _____				
4. _____				

NAME	DRUG/FOOD ALLERGIES	DATE OF LAST TETANUS
1. _____		
2. _____		
3. _____		
4. _____		

AUTHORIZATION FOR ANY HOSPITAL AND/OR PHYSICIAN LICENSED IN THE STATE OF MISSOURI AND/OR ILLINOIS TO RENDER EMERGENCY MEDICAL TREATMENT TO MY CHILD.

DOCTOR _____ **PHONE** _____

INSURANCE COMPANY _____

I/WE CONFIRM THAT THOSE LISTED HAVE AGREED AND ALL INFORMATION IS ACCURATE AND UP-TO-DATE.

Signatures of Parents/Legal Guardians _____
Date

Printed Names of Parents/Legal Guardians

Mom Work Phone _____

Dad Work Phone _____

Mom Cell Phone _____

Dad Cell Phone _____

(911 will be called in an emergency and the child will be transported to the nearest hospital which is Barnes St. Peters.)

ALL SAINTS AFTER CARE AGREEMENT

TO: Parents/Guardians

Please read this and the "All Saints Parent and Student Handbook rules carefully and return signed form to All Saints After Care Program Director.

We the parents of _____, in consideration of acceptance into the extended care program, agree to make timely payments of required fees and to adhere to all rules and regulations of the program. We understand that our failure to meet the conditions of the agreement may result in our child(ren) being dismissed from the program.

We understand that our child(ren) will not be released to other persons not listed on the application form.

We understand we or other authorized persons will sign out our child(ren) daily.

We understand if our child(ren) is having problems at All Saints, a meeting will be set up between us (parents/guardians) and All Saints.

We understand that if we are behind in our payment, our child(ren) will be released from the program until fees are paid up.

We understand the 911 will be called in an emergency and the child will be transported to the nearest hospital which is Barnes St. Peters.

Date

Mother's Signature

Father's Signature

Guardian's Signature

Emergency Contact - 1

Emergency Contact - 2

**ALL SAINTS SCHOOL
AFTER SCHOOL CARE PROGRAM
EMERGENCY INFORMATION/MEDICAL AUTHORIZATION
AND RELEASE FORM**

FAMILY NAME: _____

ADDRESS: _____

HOME PHONE #: _____

MOM WORK PHONE #: _____ DAD WORK PHONE #: _____

MOM CELL PHONE #: _____ DAD CELL PHONE #: _____

Please list all allergies, chronic medical conditions, vision and/or hearing conditions. List all medications taken at home or school. Indicate specifically the recommended medical treatment teachers, office staff, or medical personnel should know about to help your child if an acute situation occurs while he/she is at school or participating in a school sponsored activity.

STUDENT'S FULL NAME	BIRTH DATE	HOME ROOM	MEDICAL CONDITION	MEDICATION
1. _____				
2. _____				
3. _____				
4. _____				

Do you want to be informed of minor injuries requiring first aid (Example: an injury requiring a Band-Aid)?

_____ Yes _____ No

PLEASE LIST ALL MEDICATIONS TAKEN AT HOME OR SCHOOL AS MEDICAL PERSONNEL WILL ASK IF AN EMERGENCY SITUATION SHOULD OCCUR. KEEP MEDICATIONS UPDATED THROUGHOUT THE YEAR.