

Family Last Name: \_\_\_\_\_

## St. Mary's After School Program 2010-2011

**Contact Information sheet; please return to school.**

Student's full name: \_\_\_\_\_ grade \_\_\_\_\_  
\_\_\_\_\_ grade \_\_\_\_\_  
\_\_\_\_\_ grade \_\_\_\_\_

Child's home phone \_\_\_\_\_

Mother's full name: \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

**Name of person to be contacted in an emergency if you cannot be reached:**

Relationship \_\_\_\_\_ phone \_\_\_\_\_

Family doctor: \_\_\_\_\_ phone \_\_\_\_\_

Family dentist: \_\_\_\_\_ phone \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Please list any medical conditions, allergies etc. your child has:

\_\_\_\_\_

I give permission for the following person(s) to pick up my child(ren) from St. Mary's After School Program. **Persons not on this list will not be permitted to pick up your child(ren).**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_

Please check days your child(ren) will need the program.

All week   Monday   Tuesday   Wednesday   Thursday   Friday   First Friday   As needed  
                    

My child(ren) has my permission to participate during the school year in all of the activities that take place in the St. Mary's After School Care Program. I understand there will be adequate responsible staff for the program. In case of emergency, the staff has the authority to take my child to the nearest hospital for treatment. In all other cases, every effort will be made to contact parents prior to treatment. I am aware of the fees associated with the program and agree to pay said fees on a timely basis. In the event that I fall two or more weeks behind in payments, I understand that my child will be barred from the program.

\_\_\_\_\_  
Signature of Mother (guardian)      date

\_\_\_\_\_  
Signature of Father (guardian)      date

St. Mary's School  
After School Program  
2010-2011

Information Sheet

*(Keep for your records)*

The After School Program operates each school day from dismissal time until 5:30 PM. A snack and drink will be provided each day. On all half days, please provide lunch for your child.

**Cost:** \$12.00 per day for one child  
\$15.00 per day for two or more children in the same family.

**First Fridays:** The program begins at 12:00 noon and runs until 5:30 PM on First Fridays. The cost for First Fridays is \$18.00 for one child  
\$22.00 for two or more children in the same family.

**Payment:** Checks are to be made payable to St. Mary's School. Families who fall behind in payments two or more weeks will be excluded from the program until their account is up to date. Chronic payment delinquencies will result in being barred from the program. A monthly statement will be provided.

**Emergency Closing:** On those days when we must close school early due to inclement weather, After Care will **not** be provided. Please make arrangements for your child to be picked up, or let us know if they should take the bus home. Additionally, school may remain in full session, however After Care may be cancelled due to inclement weather. Again, you will be notified of the closure and given a pick up time. Late fees will apply in this instance if your child is not picked up by the specified time. School closings will be announced on local radio and TV stations and on our website ([smswaterford.org](http://smswaterford.org))

**Late Fee:** A \$5.00 late fee will be charged for pick-ups between 5:30 PM and 5:40 PM with a \$1.00 per minute charge for each additional minute after 5:40PM. *Late fees are to be paid at the time of pick-up.*

**Personal Property:** We recognize that children like to bring toys to the After Care Program. With so many children attending the program, some personal property has been damaged. We can not be responsible for personal property damaged / lost during the After Care Program.

**Clothing:** Children should bring a change of clothing and sneakers for play. We will go outdoors as weather permits, so appropriate outerwear is essential. Please be sure your child's clothing and personal belongings are labeled with their name.

There is No After School Program on the last school day before Christmas vacation.

**The phone number to reach the Aftercare teacher on duty is 322-5319.**