BEFORE / AFTER CARE REGISTRATION 2018 - 2019

Before & After Care is available to students who are enrolled at St. Michael Catholic School and is on a first come basis. Registrations are accepted until the program is full, at which time a wait list will be created. Students will be offered open spots in the order that they appear on the wait list. The program is accepting 45 students.

Please complete and return by August 3, 2018.
Paperwork must be complete prior to attending

Family Name: ____

Student Name: ____________________________ Grade _______

____________________________ Grade _______

____________________________ Grade _______

____________________________ Grade _______

❑ Before Care ❑ After Care

Before Care – Parent/guardian to be contacted first in case of emergency:

Name ____________________________ Contact Number_______________________________

Name ____________________________ Contact Number_______________________________

After Care - Parent to be contacted first in case of emergency:

Name ____________________________ Contact Number_______________________________

Name ____________________________ Contact Number_______________________________

Alternate contact:

Name ________________________________ Contact Number _____________________

Name ________________________________ Contact Number _____________________

Name ________________________________ Contact Number _____________________

Student Cell Phone Number: ____

BEFORE / AFTER CARE INFORMATION 2018 – 2019

Before Care is offered from 6:30 – 7:30 a.m.

Choose one of the following:
_________ Daily: $1.00 per individual
_________ Daily: $2.00 per family

Approximate drop off time: ____________ Days Attending: M T W TH F

After Care is offered from 3:00 – 6:00 p.m. Daily routine will include snack, study time, and play time.
____ We plan to use AC on a regular basis on these days: M T W TH F
____ We plan to use AC on an as needed basis. Please bill us at the daily rate marked below.

Please check the rate choice below you plan to use for payment. The default payment plan is the $3 per hour per child. If no payment plan is selected the default plan will be implemented. Changes to the payment plan must be made in writing through the school office.

___ Daily: $3/hour/individual child
___ Daily: $6/hour/family

___ Weekly: $35 Individual
___ Weekly: $65 Family

The annual rate is new for this year. The family rate is non-refundable. This program cannot be prorated due to early termination of the program and cannot be prorated for late enrollment in the program. The rate will be divided into ten equal monthly payments and will be charged through FACTS. Payments for the annual rate will be withdrawn August through May. There is no penalty for pre-payment. Please contact the office if you choose to make a one-time payment. This payment is due by August 17, 2018.

___ Annual: $1000 individual child ($260 savings)
___ Annual: $2000 Family ($340 savings)

For billing purposes parents/guardians are required to sign child/children out daily. The date and time for pick up will be noted with the signature.

**********Late Pick Up**

_________ ***(Parent/Guardian Initial)*** Children picked up after 6:00 PM will be billed an additional $5 per child for every 5 minutes. Children who are picked up late on two or more occasions will be withdrawn from after care for a minimum of two days and will be required to have a conference with the principal prior to returning to after care.

PERMISSION TO SIGN CHILD/CHILDREN OUT OF AFTER CARE

________***(Parent/Guardian Initial)*** The following individuals have my permission to sign my child/children out of after care. A coach may be added during sporting season.

Name ____________________________________ Relationship______________

Name ____________________________________ Relationship______________

Name ____________________________________ Relationship______________

For safety purposes, only the people listed above will be allowed to sign child/children out of aftercare. This permission may be granted by Parent/guardian. Please notify the school office if there is a change in who may pick up your child/children. This notification should be made in writing. Fees for Before and After Care Programs will be billed from the school office. (FACTS for annual choice)

Additionally, for the safety of the staff and students attending after care, children are not permitted to leave the school and then return to after care.

I/We agree to pay according to the payment rate chosen above and understand that failure to make payments may result in the loss of this service.

Parent/Guardian ____________________________________ Date_______________________

***************************For Office Use Only**************************

Change is status:

Add

**Name ____________________________________ Relationship____________ Date ________

Parent Approval ______________________________Office Signature _____________________

**Name ____________________________________ Relationship____________ Date _______

Parent Approval ______________________________Office Signature _____________________

Remove

**Name ____________________________________ Relationship____________ Date ________

Parent Approval ______________________________ Office Signature _____________________

**Name ____________________________________ Relationship____________ Date ________

Parent Approval ______________________________Office Signature _____________________

Before/After Care Health & Safety Information
2018 – 2019

ST. MICHAEL CATHOLIC SCHOOL
PARENT/GUARDIAN RELEASE
SELF-ADMINISTRATION OF MEDICATION

Archdiocese of Indianapolis Policy Statement 2008-02 recognizes that parents (guardians) have the primary responsibility for the health of their children. Although it is strongly recommended that medication be administered in the home, the health of some children and youth may require that they receive medication or other medical care while in the care of St. Michael's School.

If a (child/youth/student) must take medicine while at St. Michael's School, please be advised of the following:

- Parents (guardians) should confer with their medical practitioner to arrange medication intervals to avoid administration of medication outside the home whenever possible.

- When medication absolutely must be taken at other times outside the home, parents (guardians) shall provide explicit written instructions including, in some cases, instructions as necessary from a medical practitioner regarding the need for medication or specific medical care.

- Parents (guardians) signing this form are, in most cases, providing written permission for **non-medically trained personnel** to oversee the **self-administration** of medication or necessary routine medical care **by the student** depending upon age and capability.

- Medical circumstances requiring the direct measuring and/or administration of medications, injections, blood tests, observation of symptoms, specific emergency responses by non-medically trained staff personnel or the possession and use of inhalers or other medical devices, shall be handled on a case-by-case basis according to a specific Individual Health Plan developed and signed by a physician or other health care professional and kept on file for the student.

- Students are not permitted to carry medications (including analgesics, herbs, enzymes, oils, etc,) on their persons, except for inhalers and other medical devices with specific permission. Medications will be secured in the office, or with the teacher on field trips. Current documentation must be on file at all times.

- All medication is to be delivered and taken home by the parent (guardian) at the end of the medical regimen or school year.

- All medication is to be taken in the presence of a designated staff member and documented in a confidential log.

- **No medication** of any kind is to be provided by the school, staff or volunteer personnel.

- Prescription medication must be in the original pharmaceutically dispensed and labeled container. The prescription label will be considered the written order of the medical practitioner in most cases.

- Non-prescription medication must be in the original container in which it was purchased. Please provide medicine cups/spoons as necessary for liquid medication.

- Parents must fill out, sign and date a new form for each medication or to change medication instructions.

- All medication releases must be renewed at the beginning of each school year.

Please provide specific written instructions below for administration of medication during school.

Name of student	
Name of medication: ☐ Prescription ☐on-Prescription ☐Refrigeration Required	
Diagnosis/reason the medication is to be taken:	
The appropriate dose, method of administration (i.e., by mouth) and specific instructions (i.e., take with food. etc.):	
The time or times of day (hours) medication should be taken in our care:	
The start date and number of days/weeks/ months the medication is to be taken:	
Any known side-effects of the medicine and/or symptoms of the condition being treated and known tolerance to medicine:	

I hereby give permission for non-medical staff personnel to oversee self-administration of the medication specified above by my child:

Parent (Guardian)Signature:____Date:___________________________

Emergency Phone Cell:____________________________________Emergency Work:______________________________________