## St. Joseph Parish School 2020 After Care Program 330-928-2151 aftercare@saintjoe.org

Begins Monday, August 31

3:15-6pm Cost: \$15 per day per child

#### **General Information**

- The After Care Program begins at 3:15p.m. and ends at 6:00p.m. (At that time all children must be picked up by a parent or someone on your emergency pick-up list).
- St. Joseph Parish School After Care Program Form must be completed and returned to the school immediately. If any information should change during the year, please contact the school to make the necessary changes.
- The Aftercare Program will be available on Monday through Friday throughout the school year. There will be no care provided on snow days or regularly scheduled holidays.
- We ask that every effort be made to pick your child up no later than 6pm. A **late fee of \$10** will be charged if you or someone on your emergency pick-up list has not arrived to pick your child up by 6pm.
- Your child must be signed out daily by the person picking him/her up. If we are outside when you arrive
  for pick-up, you must still go inside the cafeteria to sign your child out. Thank you for your
  understanding and cooperation with this. Our main concern is the safety of your children.

### Other Information

- Outside play will be a regular part of our program, weather permitting.
- Quiet/Homework Time will be provided daily. If your student completes their homework prior to the end
  of Quiet Time; they are asked to continue with another quiet activity until the end of the period. Your
  student is encouraged to bring a book, pray, write in a journal, etc. Understand if your child says they
  have no homework, they will be allowed to do another activity. Please note: After Care supervisors
  cannot be held responsible for ensuring your student completes their homework.
- The supervisors will handle all minor cuts and bruises. In case of serious injury, parents and if necessary, E.M.S. will be called.
- Parents will be notified ASAP if a child shows signs of fever, diarrhea or vomiting, or any communicable disease. If we feel the child should not remain in aftercare and the parents cannot be contacted, the assigned emergency person will be notified.
- We expect that all children will cooperate with the staff and the other children in our program. Respect
  must be shown to other children as well as the adult supervisors. We expect that the children will treat
  our program's property and the belongings of other children as they would their own. "Time Out" away
  from the group will be used after a warning has been given for any inappropriate behavior. Parents will
  be notified if inappropriate behavior becomes a problem with any child.

# St. Joseph Parish School After Care Program Expected Weekly Attendance

Student Name	Grade	Homeroom	ATTENDANCE: Regular or Occasional? Circle One	
			R	0
			R	0
			R	0
			R	0
			R	0

Monday	Tuesday	Wednesday	Thursday	Friday
*If you plan to use ou	ır After Care Program	only on occasion,	please send a note t	to school on or before the c

If expect to attend regularly, which days? Circle all that apply:

\*If you plan to use our After Care Program only on occasion, please send a note to school on or before the day your child will attend. A note is preferred however; if you did not plan to send your child to aftercare, and then find it necessary, you may call the school office and request that a note be sent to your child's classroom.

## **Billing Information**

You will be billed monthly for the use of the After Care Program. You can pay with a credit card or through your bank account @ <a href="https://saintjoe.weshareonline.org/ws/opportunities/AfterCare">https://saintjoe.weshareonline.org/ws/opportunities/AfterCare</a> or you can send a check made payable to St. Joseph Parish After Care, 215 Falls Ave., Cuyahoga Falls, OH 44221.

Name:	
Email Address:	
Street Address:	
City, State, Zip:	
Phone:	

If your account is more than 30 days in arrears, your student will not be allowed to participate in the After Care program until the balance is paid.

# **Medical Emergency Information**

Name		Phone					
Physician:							
Dentist:							
Specialist:							
Hospital:							
In the event reasonable attempts to contact madministration of any treatment deemed necest practitioner is not available, by another license reasonably accessible. This authorization does physicians or dentists, concurring in the necest PLEASE LIST FACTS CONCERNING THE CIBEING TAKEN, AND ANY PHYSICAL IMPAIR	ssary by above- ed physician or s not cover majo sity for such su HILD'S MEDIC	named doctors dentist;and (2) or surgery unle rgery, are obta AL HISTORY I	s, or, in the event the of the transfer of the chi ss the medical opinior ained prior to the perfo NCLUDING ALLERGI	designated preferred ld to any hospital as of two other licensed rmance of such surgery ES. MEDICATIONS			
Child Pick-Up Daily Authorization  Please list the names of persons who will be picking up your child/children from Aftercare. If at any time you find it necessary to change any name, please contact the school.							
Name	Relationship	to Student	Mobile Phone	Best phone between 3:15-6pm			
Unless a call or note has been received by us, only the above persons will be permitted to pick up your child/children.							
Parent/Guardian Signature			Date				

\*In case of divorce or separation, where custody of the child is limited and pick-up authorization does not include both parents, please see the Director regarding the applicable policy.