

St. Alphonsus School Extended Care Information 2016-2017

School Phone #225- 261-5299

Extended Care Direct Line #225- 261-5704

E-Mail address: akimball@stalphonsusbr.org

OBJECTIVES

- 1) To provide an extended care service for working parents of children at St. Alphonsus.
- 2) To provide a loosely structured program in a safe, familiar environment.

GENERAL POLICIES

- 1) Only St. Alphonsus School students may participate in the program. (Pre-K3 - 8th Grade)
- 2) Children may not be let out of the car before 6:45 a.m. in the morning for before school care and must be dropped off in the carpool line if arriving at school at 7:45 a.m. or after.
- 3) Children must be signed out by an authorized person before 6:00 p.m. \$1.00 per minute will be charged for late pickup. Children will be released only to those people authorized in writing by a parent or guardian.

REGISTRATION FEE: \$50.00 per family (non- refundable)
\$20.00 per family for drop-in registration (non-refundable)

MORNINGS ONLY: \$45.00 per child per month
HOURS: 6:45-7:45 a.m. in the cafeteria
During morning care, students will be allowed to play board games, play cards, study, etc. Students may purchase breakfast from the cafeteria. This will be charged to each child's lunch account. Breakfast is handled by the cafeteria staff and is served until 7:30 a.m. Anyone arriving after 7:30 a.m. will not be able to purchase breakfast. Please see the SAS website for a menu.

NOTE: PreK3 students arriving after 7:30 a.m. must be dropped off directly to their classrooms. An extended care employee will be present for their care. They may also be dropped off directly to the classroom on rainy days.

AFTERNOONS ONLY: \$120.00 per child per month
HOURS: 3:30-6:00 p.m.
The school's cafeteria is home base for check-in and pick up of ALL students. Upon arrival, students will be served a meal and snack. Following snack, the PreK-K students will move to their designated area for play. 1st-8th graders will be given an opportunity to work on homework, either before or after play.

Monday – Children will engage in physical, fun activities. They will participate in outdoor games and/or other physical activities (weather permitting).

Tuesday – Older students will be able to use the computer lab. Students will be allowed only on certain sites, some educational and

some fun. All computer use will be monitored. Younger students will do color and craft day and designated playtime.

Wednesday – We will play games and/or do other fun activities. We will go outside (weather permitting).

Thursday – Older students will be able to go to computer lab. Students will be allowed only on certain sites, some educational and some fun. All computer use will be monitored. The younger students will have Movie Thursday with designated play after.

Friday – All students will pick their games and fun of choice.

FULLTIME:

\$150.00 per child per month

This option includes morning and afternoon care using the cafeteria as home base for check-in, pick-up, snacks and games. Outside activities are conducted, weather permitting.

DROP-IN BASIS:

\$8.00 per child each morning

\$10.00 per child each afternoon

This option may be used for any student who needs to be dropped in for morning or after care on a random basis. All SAS students may register for drop-in care in case of an emergency situation. Drop-in registration **MUST** be completed before a child attends. Drop-in fees **MUST** be paid upon arrival or pickup.

FEE POLICY: All extended care fees may be paid by one of the following options: 1) payment for the year can be made in full by check by August 15th, 2) two payments for each half of the year may be made by check by August 15th and January 15th, 3) four quarterly payments may be made by check by August 15th, October 15th, January 15th, and March 15th, 4) monthly payments may be made through ACH bank draft on the 15th of each month. The registration fee is due at the time of registration.

NSF FEE OF \$25.00 ON ALL RETURNED CHECKS

DISCIPLINE POLICY: *Acceptance in our program is a privilege, not a right of SAS students. The SAS Responsibility Folder will be used for any discipline issues. Students, who are habitually disrespectful, use inappropriate language, steal or destroy property, or fight with other children will not be allowed to remain in our program.*

HOLIDAYS: WE WILL **NOT** OFFER EXTENDED CARE FOR HOLIDAYS OR EARLY DISMISSAL DAYS.

April Kimball - Director

SAS EXTENDED CARE REGISTRATION

Check the program for which you are registering:

Check# _____ 2016-2017

Amt. _____

_____ Full Time

_____ Mornings Only

_____ Afternoon Only

STUDENT NAME _____ GRADE _____ (Grade entering 2016-2017)

STUDENT NAME _____ GRADE _____

STUDENT NAME _____ GRADE _____

STUDENT NAME _____ GRADE _____

HOMEADDRESS _____ City _____

Zip _____ Phone# _____ Person responsible for payments _____

FATHER'S NAME _____ HOME# _____

Address (if different from above) _____

EMPLOYMENT _____ PHONE# _____

FATHERS CELL # _____ e-mail address _____

MOTHER'S NAME _____ HOME # _____

Address (if different from above) _____

EMPLOYMENT _____ PHONE# _____

MOTHER'S CELL# _____ E-mail address _____

STEP-PARENT NAME _____ EMPLOYMENT _____

“ “ WORK# _____ CELL # _____ e-mail address _____

Emergency numbers/other persons (if not listed above) authorized to pick up your child:

NAME _____ PHONE# _____ CELL# _____

NAME _____ PHONE# _____ CELL# _____

NAME _____ PHONE# _____ CELL# _____

NAME _____ PHONE# _____ CELL# _____

PHYSICAL HANDICAPS

NAME _____ VISION _____ ASTHMA _____ OTHER _____

Food/ALLERGIES _____ LIST _____

NAME _____ VISION _____ ASTHMA _____ OTHER _____

Food/ALLERGIES _____ LIST _____

*****PLEASE PRINT INFORMATION ONLY*****

OVER PLEASE

SAS Extended Care

By signing below you are giving St. Alphonsus Extended Care permission to care for your child and you understand the policies stated in the attached letter. Our discipline policies are stated and followed as printed in the SAS student handbook.

SIGNATURE: _____

Date: _____

SAS EXTENDED CARE/Drop-In Emergency

Check# _____ 2016-2017
Amt. _____

STUDENT NAME _____ GRADE _____ (Grade entering 2016-2017)

STUDENT NAME _____ GRADE _____

STUDENT NAME _____ GRADE _____

HOME ADDRESS _____ City _____

Zip _____ Phone# _____ Person responsible for payments _____

FATHER'S NAME _____ HOME# _____

Address (if different from above) _____

EMPLOYMENT _____ PHONE# _____

FATHERS CELL # _____ e-mail address _____

MOTHER'S NAME _____ HOME # _____

Address (if different from above) _____

EMPLOYMENT _____ PHONE# _____

MOTHER'S CELL# _____ e-mail address _____

STEP-PARENT NAME _____ EMPLOYMENT _____

“ “ WORK# _____ CELL # _____ e-mail address _____

Emergency numbers/other persons (if not listed above) authorized to pick up your child:

NAME _____ PHONE# _____ CELL# _____

NAME _____ PHONE# _____ CELL# _____

NAME _____ PHONE# _____ CELL# _____

NAME _____ PHONE# _____ CELL# _____

PHYSICAL HANDICAPS

NAME _____ VISION _____ ASTHMA _____ OTHER _____

Food/ALLERGIES _____ LIST _____

NAME _____ VISION _____ ASTHMA _____ OTHER _____

Food/ALLERGIES _____ LIST _____

*****PLEASE PRINT INFORMATION ONLY*****

OVER PLEASE

SAS Extended Care

By signing below you are giving St. Alphonsus Extended Care permission to care for your child and you understand the policies stated in the attached letter. Our discipline policies are stated and followed as printed in the SAS student handbook.

SIGNATURE: _____

Date: _____

SAS Extended Care Payment Option Form 2016-2017

Student Name (First and Last)

Please list all children attending SAS in your family

Grade for 2016-2017

Financial Responsibility:

Parent(Guardian): _____

Financial Responsibility

100%

Extended Care Payment Options: (Please check one option)

Option #1 Payment in Full

Due: 8/15/16 Total due for 10 months \$ _____

Option #2 Semi-Annual Payments

Due: 8/15/16 Total due for 5 months \$ _____

Due: 1/16/17 Total due for 5 months \$ _____

Option #3 Quarterly Payments

Due: 8/15/16 Total due for 1st Quarter \$ _____

Due: 10/17/16 Total due for 2nd Quarter \$ _____

Due: 1/16/17 Total due for 3rd Quarter \$ _____

Due: 3/15/17 Total due for 4th Quarter \$ _____

ACH *

Option #4 Monthly Payments

Draft Date: 8/15/16 Monthly ACH draft amount \$ _____

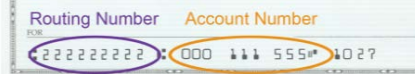
ACH draft on 15th of each month (Aug 2016 - May 2017)

Begin Date: _____

*** OPTION #4 - PLEASE CHOOSE ONE**

Please use the bank account information on file for the current school year.

I have attached a VOIDED CHECK.



SIGNATURE

DATE

I hereby authorize St. Alphonsus Catholic School to initiate debit and/or credit entries, and adjustments for any entries in error to my account at the depository financial institution named above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify St. Alphonsus Catholic School in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. **In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that St. Alphonsus Catholic School may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment.** I certify that I am an authorized user of this credit card/bank account and will not dispute the scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

OFFICE USE ONLY

Notes: _____

Pmt Rec'd: _____

Rate