

St. Alphonsus School ♦ Extended Care Information 2019-2020
Extended Care Direct Line 225.261.5704
E-Mail address: akimball@stalphonsusbr.org
School Office: 225.261.5299

OBJECTIVES

- ❖ To provide an extended care service for working parents of children at St. Alphonsus.
- ❖ 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) **** Before the start of the School Year ****

\$75.00 per family (non-refundable) **** Registration fee will increase if Student is not registered before the first day of School****

MORNINGS ONLY:

\$50.00 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 7:35 a.m. **Anyone arriving after 7:35 a.m.** will not be able to purchase breakfast. Please see the SAS website for a menu.

AFTERNOONS ONLY:

\$125.00 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: 1st – 8th grade will attend study hall from 3:45 until 4:30pm. 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: 1st – 8th grade will attend study hall from 3:45 until 4:30pm. We will play games and/or do other fun activities. We will go outside (weather permitting).

Thursday: 1st – 8th grade will attend study hall from 3:45 until 4:30pm. We will play games and/or do other fun activities. 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
REGISTRATION FEE: \$20 per family for drop-in registration (non-refundable)

DROP-IN BASIS: \$10.00 per child each morning
 \$12.00 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

Financial Responsibility & Payment Option

2019-2020

Name (First and Last)

Grade for 2019-2020

Please list all children attending SAS Extended Care

Financial Responsibility: *Indicate relationship to student* Financial Responsibility

Parent or Guardian: _____ %

Parent or Guardian: _____ %

100 %

Extended Care Payment Options: (Please check one) **Note: Options 1-3 may be paid by check**

Option #1 Payment in Full
 Due Date: 8/15/19 Total due for 10 months _____

Option #2 Semi-Annual Payments
 Due Date: 8/15/19 Total due for 5 months _____
 Due Date: 1/15/20 Total due for 5 months _____

Option #3 Quarterly Payments
 Due Date: 8/15/19 Total due _____
 Due Date: 10/15/19 Total due _____
 Due Date: 1/15/20 Total due _____
 Due Date: 3/14/20 Total due _____

ACH **Option #4 Monthly Payments**
 Draft Date: 15th Monthly draft amount _____
 [15th of each month - Starting August 2019]

I have attached a VOIDED CHECK with bank routing number and account number to draft.

SIGNATURE

DATE

I hereby authorize St. Alphonsus 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. CANCELLATION. The agreement represented by this authorization remains in effect until cancelled by the payee by *written notice to by St. Alphonsus School Finance department* or by death or legal incapacity of the recipient. Upon cancellation by the payee, the payee should notify the receiving financial institution that he/she is doing so.

Office Use Only			
<input type="checkbox"/>	Application Fee Rec'd	Date: _____	Amount: _____
<input type="checkbox"/>	Added to Excel list	Date: _____	Check No.: _____
<input type="checkbox"/>	ACH on Bank profile	Date: _____	

SAS EXTENDED CARE REGISTRATION FORM 2019-2020

For Office Use: Check No.: _____ Amount: _____

Check the program for which you are registering:

_____ Full Time _____ Mornings Only _____ Afternoon Only

Student Name: _____ Grade Entering: _____

Student Name: _____ Grade Entering: _____

Student Name: _____ Grade Entering: _____

Home Address: _____ City: _____

Zip: _____ Student's Home Phone No.: _____

Person responsible for payments: _____ Relationship to Student: _____

Father's Name: _____ **Home No.:** _____

Address (if different from above) _____

Employment: _____ Work Phone No.: _____

Father's Cell No.: _____ E-mail Address: _____

Mother's Name: _____ **Home No.:** _____

Address (if different from above) _____

Employment: _____ Work Phone No.: _____

Mother's Cell No.: _____ E-mail Address: _____

Step-Parent Name: _____ **Employment:** _____

Work Phone No.: _____ Cell No.: _____ E-mail Address: _____

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

Name: _____ Phone No.: _____ Cell No.: _____

Name: _____ Phone No.: _____ Cell No.: _____

Name: _____ Phone No.: _____ Cell No.: _____

Name: _____ Phone No.: _____ Cell No.: _____

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

Print Name

SAS EXTENDED CARE - Drop-In Emergency Form 2019-2020

For Office Use: Check No.: _____ Amount: _____

Student Name: _____ Grade Entering: _____

Student Name: _____ Grade Entering: _____

Student Name: _____ Grade Entering: _____

Home Address: _____ City: _____

Zip: _____ Student's Home Phone No.: _____

Person responsible for payments: _____ Relationship to Student: _____

Father's Name: _____ **Home No.:** _____

Address (if different from above) _____

Employment: _____ Work Phone No.: _____

Father's Cell No.: _____ E-mail Address: _____

Mother's Name: _____ **Home No.:** _____

Address (if different from above) _____

Employment: _____ Work Phone No.: _____

Mother's Cell No.: _____ E-mail Address: _____

Step-Parent Name: _____ **Employment:** _____

Work Phone No.: _____ Cell No.: _____ E-mail Address: _____

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

Name: _____ Phone No.: _____ Cell No.: _____

Name: _____ Phone No.: _____ Cell No.: _____

Name: _____ Phone No.: _____ Cell No.: _____

Name: _____ Phone No.: _____ Cell No.: _____

Health Information

Name: _____ VISION ___ ASTHMA ___ OTHER _____

Food/ALLERGIES _____ LIST _____

Name: _____ VISION ___ ASTHMA ___ OTHER _____

Food/ALLERGIES _____ LIST _____

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Signature

Date

Print Name