

ASSUMPTION CATHOLIC SCHOOL

2019 – 2020 Extended Care Information and Registration

Assumption Catholic School offers Before & After Care program that is monitored by teachers and/or qualified adults. All school rules apply in Before & After care. Participation in these programs depends upon the cooperative behavior of the student (s) and the previous month's bill being paid in a timely manner.

BEFORE CARE INFORMATION: Before care hours are 7:15 am to 8:15 am.
The cost is \$4 per hour for 1 child; \$6 per hour for 2 children; & \$8 for 3 children
-this is regardless of how many minutes in before care.

Child(ren) are to be brought to the school office doors (Meredith St.) by their parent/guardian and that adult must wait until the child(ren) enter the building. No food is allowed in Before Care. Students are encouraged to read; there are activities in which they can participate.

AFTER CARE INFORMATION: Aftercare hours are from 3 pm to 6 PM. The cost is: \$4 per hour for 1 child; \$6 for 2 children; \$8 per hour for 3 children. Students can be picked up in the cafeteria from 3 pm to 6 pm. On 12:30 pm dismissal days children can be picked up in the cafeteria from 3 – 3:30 pm. After 3:30 pm normal pick up in front office.

Parents/guardians and the adults listed on the emergency form are the only people your child(ren) will be released to from aftercare. Do not place us in a difficult position by sending people not listed on that form. Even if your child knows the person and can identify him/her, we must know that it is your decision for that person to pick up your child.

The program includes time for a snack (which you can provide or the student can purchase from the cafeteria kitchen), playtime, and homework time. Any child not picked up by 6 PM is considered abandoned. We will charge \$1 per minute for any time after 6:15 PM. The police will be called at 6:45 PM.

Fill out and return this form if you will be using extended day services. A student can always go to extended care on an emergency basis even without this form.

2019 - 2020 BEFORE & AFTER CARE REGISTRATION (CHECK OFF & CIRCLE WHAT YOU NEED)

Student Name(s) & Grade(s)

1 _____ 3 _____
2 _____ 4 _____

___ My child(ren) will be going to **BEFORE CARE** – DAILY OR FREQUENTLY OR EVERY NOW & THEN

___ My child(ren) will be going to **AFTER CARE** – DAILY OR FREQUENTLY OR EVERY NOW & THEN

Signature