

## St. John's After School Care Program

After school care is provided by the parish and school for school children of St. John's. This program will be a service to our families and will entail a separate financial responsibility on their part. This program will utilize the gym, music room, and outside play area. Healthy snacks will be provided for the children. Activities will include playtime (inside or out depending on weather and gym use) and there will be a quiet time (this is to enable time for starting homework or just taking a rest by playing a game, reading, or coloring). G or some approved PG rated movies may be provided when the gym is in use. The children will be supervised and asked to abide by normal school rules. The idea of the program is to provide a safe environment where a child can have enjoyable supervised care.

### **Registration:**

Each family requiring care will be asked to register their child or children by completing a registration form. There will be a \$20.00 registration fee per family. This fee is to help purchase snacks and supplies needed for the program throughout the year. A family will be allowed to register at any time throughout the school year. Any family that feels they may have a need for this program is asked to please register in advance. Emergency care will be provided if needed.

### **Hours of Operation:**

Full day of school	3:00 p.m. to 6:00 p.m.
Half day of school	No after care provided
No school days	No care provided
Snow days	No care provided

### **Cost:**

The cost of this program is \$2 per hour per child.

Payments are to be made through the FACTS Management online program. Please go to <https://SJB-MO.client.renweb.com/pw/> to set up your account. After School Care is to be paid through the pre-pay option. You will receive an email message when your account gets below \$10. If you have questions or need assistance in setting up your account, please contact the school office at 636-583-2392.

### **Safety:**

Each family will be asked to designate who is allowed to pick their child or children up from this program. If it is someone other than a parent, they will be asked to show some kind of identification (if identity is unknown to the program coordinator). If an emergency arises and an unknown person will be called upon to pick up your child or children, the parent must call the program coordinator to let them know. Each child will be signed in to the program and will have to be signed out in the logbook before being dismissed.

If you intend to enroll your child or children in the After School Care Program for the school year, it is important for you to register your child(ren). Please fill in the registration form and send it back to school along with your \$20.00 registration fee (checks to be made out to St. John's School; please indicate on the bottom of your check for Registration ASC). Returning the registration form is very important so that appropriate staff and preparations can be made.

### **Medical Information:**

Please list any medical conditions that the Care Coordinator should be aware of: (food allergies, medication allergies, bee sting allergy, medical conditions—asthma/diabetic/etc.) on the registration form.

St. John the Baptist School  
After School Care Program Registration Form  
After School Care Phone 583-2392 Ext. 23

Parents' Names: \_\_\_\_\_

Child's Name: _____	Sex: _____	Grade: _____	DOB: _____
Child's Name: _____	Sex: _____	Grade: _____	DOB: _____
Child's Name: _____	Sex: _____	Grade: _____	DOB: _____
Child's Name: _____	Sex: _____	Grade: _____	DOB: _____

Registering for:      Full Time: (4-5 days/week) \_\_\_\_\_  
                                    Part Time: (1-3 days/week) \_\_\_\_\_  
(or) Occasional Day of Emergency Care: \_\_\_\_\_

Approximate time that your child/children will be picked up each evening: \_\_\_\_\_

Identification Information:

Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Emergency Information:

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
                                    After Hours Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

After School Care Registration Form

Page 2

Emergency contact person (other than parent or doctor):

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Work/Other #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Work/Other #: \_\_\_\_\_

Please list any medical conditions that the Care Coordinator should be aware of: (food allergies, medication allergies, bee sting allergy, medical conditions—asthma/diabetic/seizures/etc).

Child's Name: \_\_\_\_\_

Conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Conditions: \_\_\_\_\_

*If a child becomes ill while at After School Care, the parent will be notified and that child will be separated from the rest of the children to keep exposure to a minimum.*

*In case of an accident or serious illness, if we or the people designated are unable to be reached, I hereby authorize the Care Coordinator to call the physician listed above and to follow their instructions. If the physician is unable to be contacted, the Care Coordinator or person in charge may make whatever arrangements are deemed necessary.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date