

St. Mary Catholic School



After School Program

Our program offers:

- A safe, engaging environment
- Designated time for homework
- Quiet reading time
- Snack Time
- Virtue/Character Development
- Physical Activities

After School Care: 3:30-5:15 (students must be picked up at or before 5:15)

Registration Form

Child's Name: _____

Parent's Name/s: _____

Contact Numbers:

Emergency Contact (if unable to reach the contacts above)

Name: _____

Phone Number: _____

Allergies: _____

Names of individuals authorized to pick up my child are:

\$7.00 per day per child

Drop-In Rate: \$8.00 per child

Days your child will attend:

M ____ T ____ W ____ Thu ____ F ____

****Payments will be made by the 1st of each month; you are responsible to pay for the days marked above. Days may change weekly and/or monthly according to our school schedule. The days that there will not be After School Care-parents will be notified in advance. There will not be After School Care on non-school days or snow days.

****Children are to be picked up at the front doors at 5:15. If you are going to pick-up your child before 5:15 please text Mrs. Nieman and she will send the child(ren) out when you arrive. There will not be anyone in the office to buzz you in.

St. Mary Childcare Authorization and Agreement

Please read the following statements, initial by each one, and sign and date at the bottom.

1. _____ My child has permission to use all the play equipment and participate in all of the activities while attending our program.
2. _____ Payments for child care will be made in a timely manner. I understand that if payments are not paid on time, my child will lose his/her spot in the program. Statements will be sent home the end of the month and **payments are due by the 1st of each month.** *A \$15 late fee will be added if paid after the 5th.* **August/September fees are due on the 1st day (August 25th).** Payments will then be paid: Oct. 3rd, Nov. 1st, Dec. 1st, Jan. 5th, Feb. 1st, March 1st, April 3rd, May 1st. *I understand that there will be no refunds/credits for days missed due to illness or absences.*
Make checks payable to Lori Nieman.
3. _____ I understand if my child has a fever, is sick, throwing up or considered contagious they may not attend the program for 24 hours. In addition if they develop a fever, get sick or throw-up while attending, they **MUST** go home and cannot return for 24 hours.
4. _____ I understand that there are inherent risks in participating in any activity and I will not hold St. Mary Catholic School/Parish or Mrs. Nieman responsible for any accident or injury that may occur during program hours.
5. _____ Program hours are 3:30-5:15 (students *must* be picked up by 5:15 or an additional fee of \$20 will be assessed if child is picked up after 5:15). There is not a late pick-up option.

Sign: _____ **Date:** _____