

BEFORE AND AFTER SCHOOL PROGRAM

School year 2017-2018

Dear Parent/Guardian,

The before and after school program is a non-tutoring program designed for the working parents. This service is offered only for children enrolled in St. Celestine School. The before and after school program will be in session on all school days and days of early dismissal with the exception of the day Christmas vacation begins and on the last day of school. It will not be in session on days that St. Celestine School is closed.

There will be a \$10.00 materials/registration fee for each family participating in the before/ after school program.

PERTINENT FACTS

Hours-	Before school program 7:00 A.M. to 7:50 A.M. After school program 3:05 P.M. to 6:00 P.M.
Where-	Kindergarten classroom 114
Fees-	Before school program \$2.00 per child per hour. After school program minimum charge per child will be \$3.00 for each hour or \$3.00 any fraction thereof. No family would pay more than \$9.00 per hour. There is a late charge of a <u>\$1.00 per minute after 6:00 P.M.</u>
Payment-	Parent/Guardian must pay by Thursday for services rendered the previous week. Payments must be made on time or children will be dropped from the program. Promptness of payment is necessary and appreciated in order that we may fulfill our financial obligation to our teacher/supervisor. Any parent/guardian falling behind in payments will have child/children suspended from the program.
NSF	There will be a \$20.00 charge for any NSF check.
Sign-Out	Parent/Guardian is expected to sign out child daily.
Emergency Phone Number-	The emergency phone number to reach the supervisor with messages for your children from 3:05 P.M. to 6:00 P.M. is 708 452-0237. Please keep this number on file for future reference. It is to be used <u>only</u> during the afterschool hours. <u>Phone is for emergency use only, please.</u> For further information call the school Office 708 453-8234.

Sincerely,

Mrs. Jeanine Rocchi
Principal

BEFORE & AFTER SCHOOL PROGRAM AGREEMENT
SAINT CELESTINE SCHOOL 2017-2018

1. This non-tutoring program is designed for the working parents and is available as a long term service ONLY for the hours of: before school is from 7:00AM until bell time in the annex and the after school is from 3:05PM to 6:00PM, in the 114 Kindergarten classroom. This service is offered only for children enrolled in St. Celestine School.
2. Fees are \$2.00 for the before school and \$3.00 per hour per child in the after school care (not to exceed more than \$9.00 per hour for more than 3 children enrolled in the program)
3. There will be a late charge of \$1.00 per minute after 6:00PM.
4. Payment is due on Thursday for the preceding week. Should this payment plus the current week not be paid in FULL by the following Thursday (2 weeks), your child will be dropped permanently from the program.
5. Your child may bring his/her own after school snack, none will be provided by the school. Games and T.V. will be provided for.
6. A sign out sheet will be posted by the door for the parent/guardian (only) to sign out the time and their name when they come in the room to pick up their child. Remember you have to come in the room to claim your child.
7. There will be a \$20.00 charge for any NSF check. If a child is not signed out Parent/Guardian will be charged for services to 6:00 PM.
8. There is NO AFTER CARE on the day before Christmas break and the last day of school.

BEFORE & AFTER SCHOOL PROGRAM AGREEMENT
SAINT CELESTINE SCHOOL 2017-2018

I _____ have read and agree to all the stipulations of the above Before/After School Program Agreement for enrollment of my child/children.

NAME	GRADE
_____	_____
_____	_____
_____	_____

1. I _____ give permission for the school to take my child/children to the listed hospital.
2. Are there any medical or physical conditions that the child/children have that the school should know about? Please state briefly _____.
3. My child takes this medicine _____.

I HEREBY RELEASE ST. CELESTINE SCHOOL EMPLOYEES FROM ANY LIABILITY DUE TO ACCIDENT/INJURY.

I HEREBY RELEASE ST. CELESTINE SCHOOL/PARISH EMPOLYEEES FROM ANY LIABILITY DUE TO ACCIDENT/INJURY.

Date _____ Parent Signature _____
Witness Signature _____

SCHOOL YEAR 2017-2018
AFTER SCHOOL PROGRAM

Dear Parent/Guardian,

Please fill in the following information and return it to the school office as soon as possible. Thank you in advance for your promptness.

Time my child/children will generally be picked up each day.

Time _____

Parent Name _____

Child(ren)'s Name(s) _____

Names of people allowed to pick up your children besides parents

NAME

PHONE #

If the scheduled persons cannot pick up your child/children, please send a note or call the office before 2:00 PM to inform us of the change.

Again thank you for your cooperation. We need this information for the safety of your child/children.

Family Emergency Card - St. Celestine School, 3017 N. 77th Ave., Elmwood Park, IL
PLEASE UPDATE IMMEDIATELY IF ANY INFORMATION CHANGES:

Family Name _____ Phone _____ E-mail _____

Street Address/City _____

Mother's Work _____ Phone _____ Cell _____

Father's Work _____ Phone _____ Cell _____

Child(rens) Name _____ Rm _____ Name _____ Rm _____

Name _____ Rm _____ Name _____ Rm _____

Child(rens) Doctor _____ Phone _____

List Any Physical Difficulties/Allergies:

Child(rens) Name _____ Rm _____ Problem: _____

Name _____ Rm _____ Problem: _____

Name _____ Rm _____ Problem: _____

IF YOU CAN NOT BE REACHED - LIST OTHER PERSONS TO CALL IN CASE OF EMERGENCY:

Name/Relation _____ Phone _____ Cell _____

Name/Relation _____ Phone _____ Cell _____

AUTHORIZATION: The Elmwood Park Fire Department ambulance service is able to transport children to the nearest available hospital. If you cannot be reached at the time of an emergency, and immediate observation or treatment is urgent, in the judgment of the school personnel in charge, at the time of the emergency, you hereby authorize and direct the school to send your child to the nearest available doctor/hospital.

Signature of Parent or Legal Guardian

Date