

**BEFORE & AFTER SCHOOL PROGRAM AGREEMENT
SAINT CELESTINE SCHOOL 2026-27**

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 7:00AM until bell time, in the annex and the after school is from 3:05PM to 6:00PM, in the Gym, Lunchroom and Annex. This service is offered only for children enrolled in St. Celestine School.
2. Fees are **\$5.00 per child for before school care and \$5.00 per hour or fraction thereof per child in after school care.**
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 suspended from the program until all fees are current.
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 with an I.D. to claim your child.**
7. There will be a \$30.00 charge for any NSF check. If a child is not signed out the Parent/Guardian will be charged for service to 6:00PM.
8. There is **NO AFTER CARE** on the day of Christmas break, the last day of school and teacher conference days.
9. **Families are expected to follow all Archdiocesan and school mandated policies and safety practices.**

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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 they school should know about? Please state briefly _____.
3. My child takes this medicine _____.

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

Date _____

Parent Signature: _____

Witness Signature: _____

BEFORE/AFTER SCHOOL PROGRAM

ST. CELESTINE SCHOOL 2026-27

Dear Parent/Guardian,

Please fill in the following information and return this form 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(S) NAME(S): _____

CHILD(REN)'S NAME(S) _____

Names of people allowed to pick up your children besides parents, with proper ID.

NAME

PHONE #

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

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