

ST. JUDE SCHOOL BEFORE & AFTER SCHOOL PROGRAM

The Before & After School Program is sponsored and administered by the faculty of St. Jude School. It is held on school grounds and provides each child time for play, homework, videos, and games.

Children may bring snacks from home if they wish.

All students planning to use the program must be pre-registered. Any child that is not registered will not be allowed to participate in the program. Registration will involve completing an emergency form along with an agreement of payment.

The program will run from 6:45 - 7:45 A.M. and 3:00 - 6:00 P.M. On early dismissal days, aftercare will be until 4:00pm The cost will be:

One child.....\$5.00 per hour

Two children.....\$8.00 per hour

Three or more children.....\$10.00 per hour

There is a five minute grace period after the hour begins, so if a child is picked up at 4:05, you will only be charged for the first hour. After 4:05, you will be charged for two hours.

Since the inception of the program, fees have not been raised. This will remain the case this year as well. Fees are charged by the hour. There is late penalty fee of \$10.00 for every 10 minutes past 6:00 that a parent is late picking up the child.

Registration forms for the week should come in on Monday so that the roster may be made. Statements are sent each Monday. They encompass the previous Monday-Friday of the current week. **Payments are one week after the statements are sent.**

The Before & After School Program will operate each school day. The **Before** School Program will not run on days with delayed starts. We will not operate on snow days due to inclement weather. The program will not be open on school holidays or week-ends.

If you are interested in using the program, please fill out the necessary forms and return them to school.

ST. JUDE SCHOOL

**BEFORE & AFTER SCHOOL PROGRAM
EMERGENCY MEDICAL FORM**

Date: _____

Child's Name: _____ Grade: _____

Mother's Name: _____

Work Address: _____

Work Phone: _____

Father's Name: _____

Work Address: _____

Work Phone: _____

Please list the names and telephone numbers of anyone who can be called in an emergency if you cannot be reached.

Is your child taking medication? _____

If yes, please name and explain type of medication:

May your child be given first aid treatment if needed? _____

May your child be taken to the hospital, if necessary? _____

Hospital of Preference: _____

Does your child have any allergies? _____

If yes, please list type:

Does your child have any medical problems such as asthma, diabetes, heart condition, seizures, etc.?

Who is authorized to pick up your child from the program:

Name

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent:

Date: _____

Before & After School Weekly Registration Form

Week of _____

Student's Name _____

Grade _____

Day	Before School	After School	Time
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

**I agree to pay the monthly balance within one week after receiving the statement.
Bills will be sent home weekly.**

Signature of Parent/Guardian

Date

School Use

Adjustments: