

Holy Rosary School After Care Program 2020-2021

Holy Rosary School will offer an After Care Program (ACP) for the 2020-2021 school year. Students enrolled in grades Pre-K 4 to 8th are eligible. This program will reflect the philosophy and mission of Holy Rosary School. It was designed to meet the needs of our students and parents. The ACP will provide a safe, nurturing environment that is a natural extension of our school community.

Hours of Operation

During regular school days the program will operate from the time school is dismissed at 2:15 PM until 5:30 PM. The After Care Program will not be available when school is closed. The After Care Program will be available only on the scheduled **early dismissal days until 3:00 P.M., not available on early dismissal days due to bad weather or Nov. 25th/Dec. 23rd/March 31st**. The ACP will begin on Monday, September 14, 2020.

Registration Form

All students who may participate in the After Care Program must complete a registration form. Please return it the first week of school. Any student (car rider/walker) that is not picked up by 2:30 will be sent to the ACP and the families will be billed for one hour. *Therefore, if there is any chance you will use the ACP, please complete the registration form.*

Please note that the After Care Program may be used on a daily basis or as needed. Please write a note to the student(s)' classroom teacher on the day the child(ren) will be attending the program.

Fees and Payment Policy Schedule

Time	Fee: 1 child	Fee: 2 children	Fee: 3 children	Fee: 4 children
11:00 - 12:00	\$11.00	\$13.00	\$15.00	\$17.00
12:00 - 1:00	\$13.00	\$15.00	\$17.00	\$19.00
1:00 - 2:00	\$15.00	\$17.00	\$19.00	\$21.00
2:00 - 3:00	\$17.00	\$19.00	\$21.00	\$23.00
2:15 - 3:30	\$11.00	\$13.00	\$15.00	\$17.00
3:30 - 4:30	\$13.00	\$15.00	\$17.00	\$19.00
4:30 - 5:30	\$15.00	\$17.00	\$19.00	\$21.00

Payment:

- Families will be billed monthly with payment due upon receipt
- Please make checks payable to Holy Rosary School-ACP; and send to the school attention Sharon Sankus. This check should be separate from all other school payments.
- If payment is not made within 10 days upon receipt, the family may not utilize the ACP until payment is made and may be charged a \$20.00 late fee. Three late payments may remove the family from the ACP for the 2020-2021 school year.

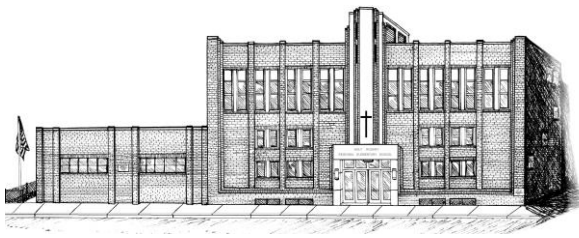
Pick Up

Pick up will be in the Primary Center. Parents/guardians are required to enter the building and sign out their child(ren). Children will not be permitted to leave with someone not listed on the child's contact sheet. Written notice must be given for individuals not listed. For safety reasons, **no child will be released without a parent/guardian signature.**

Parents will be assessed a \$20.00 late fee if students are picked up beyond 5:30 PM. This fee will be included in the monthly invoice. Three late pick ups will result in removal from the ACP for the 2020-2021 school year.

General Information

- All children participating in the After Care Program will report to the ACP caregiver immediately after dismissal. Students will participate in various activities such as games, crafts, study/homework time, outdoor play (weather permitting), and/or use of the school gymnasium.
- The After Care Program operates within the written policies of the school. Children are expected to be courteous and respectful to teachers, staff, and other students. If a child should receive three (3) behavior slips, they will be suspended from the ACP for one month.
- Please provide your child(ren) with a healthy snack (non peanut) and drink.



Holy Rosary School After Care Program Registration Form 2020-2021

Student Name _____ Grade _____

Parent/Guardian Information:

	Name	Phone Number
Mother/Guardian	_____	_____
Father/Guardian	_____	_____

After Care Program: Please check ONE box as to how your child(ren) will use the ACP.

Days of Attendance (circle all that apply)

Monday Tuesday Wednesday Thursday Friday

As needed

Please write a note to the student(s)' classroom teacher on the day your child(ren) will be attending the program.

The following are authorized to pick up my child(ren) from the ACP:

(Children will not be permitted to leave with someone not listed below.)

Name	Phone Number
_____	_____
_____	_____
_____	_____

Allergies: _____

I have provided my emergency contact information to the school office. Any changes in this information will be reported to the office.

I agree to the payment schedule and policies outlined for the After Care Program.

Parent/Guardian Signature

Date