



## BEFORE & AFTER SCHOOL CARE PROGRAM GUIDELINES & REGISTRATION September 2022 – June 2023

---

Dear Parents,

Welcome! St. Therese School is pleased to once again offer quality Before and After School Care programs for our students in PreKindergarten through 8<sup>th</sup> grades whose parents work outside of normal school hours. STS Before and After School Care will BEGIN on Wednesday, August 31, our first day of school for Grades 1-8.

**K-8 Before School Care 6:30am-7:30am:** supervised by a teacher, held in their classroom.

**PreK Before School Care 7:30am-8:30am:** supervised by a teacher/aide, held in the auditorium/PK building.

**PreK-8 After School Care until 6:00pm:** professional child supervision in a structured program of both study time and recreation, held in the auditorium.

This booklet has been designed to address all issues relating to our Before and After School Care programs and provide for the **REQUIRED Registration and Contact Forms**, due prior to having your child(ren) attend the Program(s). As we continually fine-tune our programs, we welcome your comments and suggestions so that this will be an enjoyable experience for both you and your child.

Sincerely,

Mr. Timothy Dunnigan, Principal

---

# STS BEFORE & AFTER SCHOOL CARE (BSC/ASC) PROGRAM GUIDELINES 2022-2023

## 1. HOURS:

- **K-8 Before School Care:** 6:30am-7:30am / Drop-Off: 3rd Grade exterior door
- **PK Before School Care:** 7:30am-8:30am / Drop-Off: Main School if BEFORE 8:00am
- **PK-8 After School Care:** 2:30pm-6:00pm on full days / 12:00pm-6:00pm on half days

## 2. BEHAVIOR:

Children are expected to respect the staff, students, school property and materials. Improper or dangerous behavior may lead to expulsion from the program by the Principal.

## 3. DRESS (ASC):

Immediately after dismissal, students may change into **play clothes**. Please make sure that your child has clothing that they can dress themselves in, as the school personnel cannot assist your child in dressing.

## 4. PLAN (ASC):

ASC will begin with study/homework time for those students with homework. While our ASC personnel **are not tutors**, they may give your child some help if the student requires it. *However, it is not their responsibility to ensure that student homework is completed.* Free time for board games, coloring, outdoor play, other activities will follow until parents arrive. *Children should NOT bring in games, electronic devices, or other toys from home as they may get lost or broken. The school/its personnel cannot be held responsible for lost or damaged items.*

## 5. SNACKS (ASC):

Your child should have a snack and a refillable water bottle, as they are not provided. The only snacks allowed are those your child brings in for him or herself (no group snacks for birthdays, holidays, etc.). Please remember that STS is “nut-free” due to recognized nut allergies.

## 6. PICKUP (ASC):

When picking up your child, please ring the ASC doorbell on the right at the main building entrance. You **MUST** sign your child out before leaving and **ONLY** a person authorized on your registration form will be permitted to pick up your child. Children may not leave the building alone. Your child's health and safety are paramount, and it is crucial that all parents and guardians adhere to these guidelines.

## 7. HALF DAYS (ASC):

On half days, **children must bring their own lunch and an extra snack, refillable water bottle** for later in the afternoon.

## 8. REGISTRATION, RATES AND PAYMENT:

To utilize the Before/After School Care program whether on a regular basis or as a “drop-in”, the **Registration Fee of \$10.00 per child/student is due with BOTH the attached Registration and Emergency Contact Form PRIOR to having your child(ren) attend the Before and/or After School Care programs.**

Before School Care† DropOff and Rates	One Child	Two+ Children
BSC K-8 DropOff (K-8 STUDENT) BETWEEN 6:30am and 7:30am	\$7.00	\$10.00
BSC PK DropOff (PK STUDENT) BETWEEN 7:30am and 8:30am	\$7.00	\$10.00
BSC PK DropOff (PK STUDENT) BEFORE 7:30am WITH K-8 Sibling ONLY*	N/A	\$17.00
After School CarePickUp and Rates	One Child	Two+ Children
ASC PickUp BEFORE 3:30pm	\$7.00	\$10.00
ASC PickUp BETWEEN 3:30pm and 4:29pm	\$14.00	\$20.00
ASC PickUp BETWEEN 4:30pm and 6:00pm	\$21.00	\$30.00
ASC Half-Day (12pm-6pm / Hourly Rate** ONLY)	\$7.00 / Hour	\$10.00 / Hour

† **NO Before School Care in the event of a delayed opening.**

\* **REQUIRES approval prior to attending. Please call the main office.**

\*\* **Half-Day hourly rate applies to 60 minutes. Over 60 minutes yields an additional hourly fee.**

- **PAYMENT:** Cash or Check made payable to “St. Therese School” Memo: Before/After School Care as follows:  
**Regular Basis:** Due in full at the end of each week OR **Drop-In:** Due when picking up your child(ren)

## 9. ILLNESS:

In the event of student illness, parents will be expected to make provisions for taking their sick child home. Unique or special instructions should be indicated on the Emergency Contact form. Should an illness or other emergency arise, **we MUST be able to contact you/authorized persons to pick up your child(ren).**

**A School Nurse is NOT AVAILABLE during Before/After School Care. Medications CANNOT be administered.**

## 10. CONFIDENTIALITY:

Please do not discuss homework problems, school or family problems with Before/After School Care personnel. Call or make an appointment with the teacher or Principal. Confidentiality is extremely important.

**The following two forms are REQUIRED to Register for our Before/After School Care Program PRIOR to any student attendance. Please return to the school office with your Registration Fee(s) in order to be Registered.**

# STS BEFORE & AFTER SCHOOL CARE REGISTRATION FORM 2022-2023

STS FAMILY NAME (as Contracted):	
CHILD #1 NAME:	GRADE:
CHILD #2 NAME:	GRADE:
CHILD #3 NAME:	GRADE:
CHILD #4 NAME:	GRADE:

PRIMARY PARENT / GUARDIAN NAME:	
PRIMARY HOME ADDRESS:	
MOTHER / GUARDIAN CELL #:	MOTHER / GUARDIAN WORK #:
FATHER / GUARDIAN CELL #:	FATHER / GUARDIAN WORK #:

**SELECTED BEFORE SCHOOL CARE DAYS (REGULAR-BASIS):**

MONDAY   
  TUESDAY   
  WEDNESDAY   
  THURSDAY   
  FRIDAY   
  FULL WEEK

**SELECTED AFTER SCHOOL CARE DAYS (REGULAR-BASIS):**

MONDAY   
  TUESDAY   
  WEDNESDAY   
  THURSDAY   
  FRIDAY   
  FULL WEEK

**OR  WE WILL UTILIZE BEFORE/AFTER SCHOOL CARE ON A VARIABLE "DROP-IN" BASIS**

**# OF STUDENTS BEING REGISTERED (as listed above):** # X \$10.00 = \$ . **ENCLOSED.**

**Cash or Check made payable to "St. Therese School" • Memo: Before/After School Care**

**FIRST AID:** In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child. I am aware that a School Nurse is NOT AVAILABLE during Before/After School Care and that medications CANNOT be administered by Before/After School Care personnel.

**EMERGENCY CARE:** In the event of an emergency, in which I cannot be reached, the physician listed on the EMERGENCY form, and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

**HEALTH RECORD TRANSFER:** In the event of an emergency, I hereby authorize the transfer of my child's health records to the local hospital.

**I HEREBY RELEASE ST. THERESE SCHOOL AND STAFF FROM ANY AND ALL INJURIES THAT MAY OCCUR WHILE MY CHILD/CHILDREN ARE ATTENDING THE BEFORE/AFTER SCHOOL CARE PROGRAMS.**

PRIMARY PARENT / GUARDIAN NAME (PRINT):	SIGNATURE:	DATE:
---	------------	-------

**STS BEFORE & AFTER SCHOOL CARE EMERGENCY FORM 2022-2023**

STS FAMILY NAME (as Contracted):	USUAL PICKUP TIME:
CHILD #1 NAME:	GRADE:
CHILD #2 NAME:	GRADE:
CHILD #3 NAME:	GRADE:
CHILD #4 NAME:	GRADE:

PRIMARY PARENT / GUARDIAN NAME:	
PRIMARY HOME ADDRESS:	
MOTHER / GUARDIAN CELL #:	MOTHER / GUARDIAN WORK #:
FATHER / GUARDIAN CELL #:	FATHER / GUARDIAN WORK #:

**PERSONS AUTHORIZED TO PICK UP MY CHILD(REN) from ASC  
(OTHER THAN PRIMARY PARENT(S) / GUARDIAN LISTED ABOVE):**

PERSON #1 NAME:	RELATIONSHIP TO CHILD(REN):
TEL / CELL #:	WORK #:
PERSON #2 NAME:	RELATIONSHIP TO CHILD(REN):
TEL / CELL #:	WORK #:
FATHER / GUARDIAN CELL #:	FATHER / GUARDIAN WORK #:
FATHER / GUARDIAN CELL #:	FATHER / GUARDIAN WORK #:

**REQUIRED MEDICAL INFORMATION:**

PHYSICIAN NAME:	PHONE:
DENTIST NAME:	PHONE:
HEALTH INSURANCE CARRIER:	

**ALLERGIES OR OTHER PERTINENT MEDICAL NOTES:**
