

# Holy Trinity Catholic School Before and After Care Program Guidelines

The Before and After Care program at Holy Trinity Catholic School was created with working parents in mind. These services are offered to school families. For a small hourly fee, parents can rest assured that their child(ren) are in a safe and nourishing environment outside of the normal school hours.

Regular hours of operation for Before Care are 7:00am – 8:00am and After Care hours are 3:00pm – 6:00pm. Supervision is provided by, Alan Betten, TJ Schiavo, and Kimberly Stevenson.

## Guidelines:

1. The yearly registration fee for one child is \$15.00 and the family rate is \$25.00.
2. The program follows the school calendar. When school is closed the program is closed. When school is opened for any part of the day the program is opened.
3. Before and After Care will begin on the **first** day of the school year which is **August 28th**
4. Before Care drop off will be at the main school door and held in the science lab.
5. **After Care will be held in cafeteria.** Please use the cafeteria doors for pick up.
6. If school closes early due to an emergency or severe weather or if weather conditions become severe during After Care, parents should pick up their child(ren) as soon as possible.
7. If school is delayed in the morning due to severe weather Before Care will be opened as usual.
8. Parents are responsible to keep all contact information current.
9. For our information and your child's safety, we must have on record who will be picking your child(ren) up. If the person who is picking up your child(ren) is not listed on your Registration form, you will need to send a note that day to let us know. This is very important. Without this note, we cannot release your child(ren). Identification will be required of the person picking up your child(ren).
10. Families will be billed monthly. Families will be billed at the beginning of each month for the prior month's services. Payment is due on the 2<sup>nd</sup> Friday of each month. We reserve the right to suspend services for our Before and After Care Program for accounts that are one month delinquent. Non-sufficient fund checks will be charged a \$40.00 fee.
11. The After Care program ends promptly at 6:00pm. A **\$20** per day additional charges **WILL BE** incurred if you pick up your child(ren) after 6:00pm.
12. The After Care program begins with a gathering time and snack, outside play if weather permits, quiet time for homework or watching a movie, computer time, and free play.
13. Children should bring a snack. If your child is staying on a half day, bring a drink, lunch, and a snack.
14. Children are entitled to a pleasant and harmonious environment. The Before and After Care program cannot serve children who display disruptive behavior. If a child cannot adjust to the setting and behave appropriately, the child will be discharged.
15. **If special billing arrangements are needed please contact the school office.**

**\*\*RETAIN A COPY OF THIS FOR YOUR RECORDS**

# Trinity Catholic School 2017 - 2018 Before and After Care Program Registration Form

Mother (Guardian) \_\_\_\_\_ Father (Guardian) \_\_\_\_\_

First and Last name of Student	Grade	Estimated Use (# Hours/ week)	Circle the days			
_____	_____	_____	M	T	W	TH F
_____	_____	_____	M	T	W	TH F
_____	_____	_____	M	T	W	TH F

Please mark the date(s) your child will attend Half Day After Care (12:00PM – 6:00PM):

\_\_\_\_\_ November 22nd \_\_\_\_\_ December 21<sup>st</sup> \_\_\_\_\_ March 28<sup>th</sup> \_\_\_\_\_ May 25th

\*If not enough participation after care will not be available these days.

Fees:	1 Hour	2 hr delay 1 Hour	2 hr delay 2 Hour	2 hr delay 3 Hour			
<b>Before Care</b>	<b>\$7.25</b>	<b>\$7.25</b>	<b>\$8.25</b>	<b>\$9.25</b>			
Fees:	1 Hour	2 Hours	3 Hours		4 Hour	5 Hours	6 Hours
<b>After Care</b>	<b>Monday-Friday</b>				<b>Half Day</b>		
1 <sup>st</sup> Child	<b>\$7.25</b>	<b>\$8.25</b> <span style="color: green;">(\$1 more)</span>	<b>\$9.25</b> <span style="color: green;">(\$2 more)</span>	1 <sup>st</sup> Child	<b>\$18.00</b>	<b>\$20.00</b> <span style="color: green;">(\$2 more)</span>	<b>\$22.00</b> <span style="color: green;">(\$2 more)</span>
2 <sup>nd</sup> Child	<b>\$4.25</b>	<b>\$5.25</b> <span style="color: green;">(\$1 more)</span>	<b>\$6.25</b> <span style="color: green;">(\$2 more)</span>	2 <sup>nd</sup> Child	<b>\$9.00</b>	<b>\$10.00</b> <span style="color: green;">(\$1 more)</span>	<b>\$11.00</b> <span style="color: green;">(\$1 more)</span>
3 <sup>rd</sup> Child	<b>\$3.25</b>	<b>\$4.25</b> <span style="color: green;">(\$1 more)</span>	<b>\$5.25</b> <span style="color: green;">(\$2 more)</span>	3 <sup>rd</sup> Child	<b>\$7.00</b>	<b>\$8.00</b> <span style="color: green;">(\$1 more)</span>	<b>\$ 9.00</b> <span style="color: green;">(\$1 more)</span>

**Authorized and Emergency Pick Up:** Including yourself, please list anyone you authorize to pick up your child(ren) and who can be contacted in case of an emergency. Please list 2 numbers for each contact. Children will only be released to these individuals unless a note is sent in. Please inform the authorized person to be prepared to show identification.

Parent/ Guardian: \_\_\_\_\_ 2 Phone Numbers \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ 2 Phone Numbers \_\_\_\_\_

Authorized Person: \_\_\_\_\_ 2 Phone Numbers \_\_\_\_\_

Authorized Person: \_\_\_\_\_ 2 Phone Numbers \_\_\_\_\_

Please list any medical conditions, allergies or concerns that the staff should be aware of:

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I understand the terms of the Before and After Care programs and will adhere to the guidelines. **The Before and After Care program cannot serve children who display disruptive behavior. If a child cannot adjust to the setting and behave appropriately, the child will be discharged.**

**Parent/Guardian Name/Signature(s):**

\_\_\_\_\_ Date \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Print Name Signature