

ST. BARBARA AFTER CARE PROGRAM

The Aftercare Program at St. Barbara School is from 2:45pm – 5:30pm in the school.

Registration is required for your child to attend the program. A \$20.00 per family non-refundable registration fee is required of any family wishing to enroll in the program whether on a daily or occasional basis. (\$10.00 registration fee for returning families).

Advanced registration is required for occasional use. Each time your child will be attending you need to send a note to the teacher of your child(ren) letting them know that your child(ren) will be attending that day.

An Emergency Medical Form must be completed for your child(ren). Please return the medical form with the registration fee.

St. Barbara Aftercare is a program designed for your child to have a safe and enjoyable experience. The Afternoon consists of indoor and outdoor play (weather permitting). Snacks are provided. Even though Aftercare is a much more relaxed environment, children must follow the same rules and behavior expected during school hours. The Aftercare Program is a service provided to care for your child(ren) while you are at **work**. Please do not use this time to run errands, etc.

HOURLY RATE:

	<u>1 CHILD</u>	<u>2 CHILDREN</u>	<u>3 CHILDREN</u>
2:45 – 3:45	\$3.00	\$5.00	\$6.00
3:45 – 4:15	\$4.50	\$8.00	\$10.00
4:15 – 4:45	\$6.00	\$10.00	\$12.00
4:45 – 5:15	\$8.00	\$13.00	\$16.00
5:15 – 5:30	\$9.00	\$15.00	\$18.00

A \$5.00 fee will be charged for any child pick up **after 5:30pm**.

***NEW** – For any payment envelope not returned by Friday of the week they are distributed, there will be a \$10.00 late fee added.

If you have any questions, please call MaryAnne Snyder at:
330-833-9510 school 330-833-9007 home

AFTERCARE MEDICAL INFORMATION

Child(ren) Name(s) _____ Grade _____ Birthdate _____
_____ Grade _____ Birthdate _____
_____ Grade _____ Birthdate _____

Mother's Name _____

Place of Employment _____

Work # _____ Home # _____ Cell# _____

Father's Name _____

Place of Employment _____

Work # _____ Home# _____ Cell# _____

Name, Relationship to child & Phone # of Person to contact for emergency:

Other persons authorized to pick up your child(ren) (with ID please):
_____ Phone _____
_____ Phone _____

Medical Doctor _____ Phone _____

Dentist _____ Phone _____

Preferred Hospital _____ Phone _____

Medical Conditions we should be aware of: _____

Any Medications: _____

Any Allergies (food, bee stings, etc) _____

Comments:

If over the counter medication is required, please complete the attached form.
(example: Tylenol for headaches)

**AFTERCARE - ST. BARBARA SCHOOL
NON-PRESCRIPTION (OVER THE COUNTER) MEDICATION**

To the parent:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE
NON-PRESCRIBED MEDICATION AT SCHOOL (All spaces must be completed).

Name of Student _____ Grade: _____

A. _____ I am requesting permission for my child named above to receive
the following over-the-counter medication(s):

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

B. I will assume responsibility for safe delivery of the medication to school
and will pick up medication when child is done using.

C. I will notify the school immediately if there is any change in the use of
the medication.

D. I release and agree to hold the staff of St. Barbara School and MaryAnne
Snyder, director harmless from any and all liability for damages or
injury resulting directly or indirectly from this authorization.

Signature of Parent: _____ Date: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Any medication not picked up by parent by end of school
year will be discarded without further notice.

Please note: You are responsible for supplying the school
with any medication you have listed above. The school has
no stock medications for students.