

St. Joseph After School Program 2018-2019

Available after every full day of school until 6:00 PM

For children in grades K-6

Rates per child:

Full Time \$55.00 per week –attendance is every day

Part Time: 11:50/ day –minimum attendance is 2 days per week

Program includes healthy snacks, homework assistance, physical exercise, games, arts, crafts, videos, computer, as well as other educational and recreational activities in a familiar, loving environment. Held on St. Joseph School property.



To enroll, please fill out the attached registration and consent forms and return to the school office ASAP. Upon completion, you will receive an information packet with additional program details. For more information, please contact our program directors: Mrs. Debbie Dase (859-466-7628) or Mrs. Lisa Iles (859-640-6093).

Or E-mail afterschoolprogram@sjscrescent.org

You may also contact Sally Zeck, Principal at 859-578-2742

AFTER SCHOOL PROGRAM Description

PROGRAM OBJECTIVES:

1. To provide parents of St. Joseph School with an alternative to having a child unsupervised after school.
2. To provide educational and recreational activities.
3. To provide assistance with homework in various subjects.

REGISTRATION:

A Registration Form must be filled out for every family participating in the program. They should be turned in prior to the first day of school. However, students may join the program anytime throughout the school year, provided there is sufficient capacity.

In addition to the Registration Form, the Diocesan Consent and Liability Waiver Form must also be completed (one form per child).

HOURS AND LOCATION

The program will be available every day that school is in session for a full day. We will begin at 2:00 PM and close at 6:00 PM each evening. All children must be picked up by 6 PM or risk a late fee. We are not open on early dismissal days or when the school is closed (including snow days).

Keeping your child on St. Joe's property for after school care allows them to attend any meeting, sports practice, club, etc. held on the premises. If your child will be participating in any other activities, please discuss with us ahead of time so that the necessary arrangements are in place to ensure your child's safety getting to and from their activities.

The After School Program will be held on the first floor of the school building in the Preschool hallway. You will need to enter at the back of the school building, at the set of double glass doors that has a concrete pad. Look for the After School Program sign. You will need to ring the doorbell at THIS entrance to enter the building. ASP will be in the 2nd room on the left and the 2nd room on the right.

COST AND ATTENDANCE:

Cost for the program **per child** is \$55.00 per week (Full-Time); \$11.50 per day (Part-Time, with a minimum of 2 days per week or 8 days per month). **If planned attendance days vary, email Debbie Dase, (afterschoolprogram@sjscrescent.org) no later than Sunday night, advising of your child's after school schedule for the upcoming week.**

If your child misses on a scheduled day, unexpectedly or on short notice, (i.e. due to illness, going to a friend's house, etc.), you must still pay for that day as arrangements for food, staffing, etc., have already been made. We must have 48 hours notice of your child not attending on a scheduled day to consider waiving payment. If the school is officially closed due to a holiday, snow day, etc., you do not pay for that day.

PAYMENT:

Payment is expected, in advance, at the beginning of each week or month for the days each child is scheduled to attend. **You should not expect to be “billed” or reminded to make your payment.** Checks are to be made payable to St. Joseph School. Please mark “After School Program” on the memo line and send to the office c/o ASP- Debbie Dase or Lisa Iles, or bring it with you when you pick up your child.

DAILY SCHEDULE/ACTIVITES:

2:00 Attendance/Restroom break/Hand washing/Change clothes
2:15 Prayer
2:20 Healthy snack
2:45 Homework/QUIET activity
3:45 Physical activity inside or outside
Board games/Crafts/Video/Art/Computer/ Play time, etc.
6:00 Child must be picked up.

We realize that each child works at a different pace. As children get finished with homework, there will be several quiet activity options such as puzzles, reading, Lego's, board games, cards, toys, etc., until everyone has completed their homework.

We will have some form of physical exercise each day. We may be outside, weather permitting, or in the gym, if available. Daily activities may also include group activities/games, craft, art, computer time, videos and play time.

HOMEWORK:

You will receive a Parent Communication slip when you pick up your child for any homework that was not finished. Due to time constraints and number of children involved in the program we will not correct your child's homework but we will do our best to ensure that it is completed. Please let us know if there is homework you prefer to be done at home.

CHANGE OF CLOTHES:

Children may bring a change of clothing (which conforms to the school “out of uniform” guidelines), as they may feel more comfortable in play clothes than in their school uniform.

DEPARTURE

All children must be picked up by 6 PM. Please ring the white doorbell at the doors marked ”After School Program” and we will let you into the building. You must come to the classroom to pick up your child and sign them out.

ST. JOSEPH AFTER SCHOOL PROGRAM REGISTRATION

Child #1: _____ Male _____ Female _____

Date of birth: _____ Grade level: _____ Year: _____

Allergies: _____

Special medications or condition: _____

Child #2: _____ Male _____ Female _____

Date of birth: _____ Grade level: _____ Year: _____

Allergies: _____

Special medications or condition: _____

Child #3: _____ Male _____ Female _____

Date of birth: _____ Grade level: _____ Year: _____

Allergies: _____

Special medications or condition: _____

Parent/Guardian 1: _____

Street Address: _____

City/State: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

Email: _____ Employer: _____

Parent/Guardian 2: _____

Street Address: _____

City/State: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

Email: _____ Employer: _____

Child(ren)'s Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred Hospital: _____

Emergency contact (other than parent): _____

Primary Phone: _____ Secondary Phone: _____

FULL-TIME (every day attendance)

PART-TIME - circle the days for which you are enrolling your child:

MON

TUES

WEDS

THURS

FRI

Also make a notation if your days will vary.

Please list **ALL** persons that are allowed to pick up your child:

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Name: _____ Relationship: _____

Primary Phone: _____

Name: _____ Relationship: _____

Primary Phone: _____

Other information about your child (likes/dislikes, other after school activities, etc.):

DIOCESE OF COVINGTON
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

(*****NOTE: Complete **ONE FORM PER CHILD**. Copy/Print blank form, as needed, for multiple children.)

Participant's Name _____

Birth Date _____ Sex _____

Parent/Guardian's:
Name _____

Home Address _____

Home Phone _____ Business Phone _____

I, _____, grant permission for my child _____, to participate in this diocesan/parish/school after school program as described below. This activity will take place under the guidance and direction of diocesan/parish/school employees and/or volunteers from _____ St. Joseph Parish _____. If transportation is required during the activity, I give permission for my child, _____ to ride with a driver 21 years or older.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____ St. Joseph Parish _____, its officers, directors and agents, and the Diocese of Covington, chaperones, or representatives associated with the activity for any claim or damages to any person or property, arising from or in connection with my child attending the activity or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents and the Diocese of Covington, chaperones, or representative associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Parent/Guardian Signature _____ Date _____
(If participant under 18 yrs. of age)

Participant's Signature _____ Date _____

ACTIVITY INFORMATION

Activity After School Child Care Date _____ Cost _____
Location St. Joseph School _____ 859-640-6093 Cell _____

Location 2474 Lorraine Ct. Crescent Springs, KY 41017 _____ Phone (Emergency) _____

Starting Time 2:00 PM Meeting Place St. Joseph School 1st floor classroom _____

Ending Time 6:00 PM Meeting Place St. Joseph School 1st floor classroom _____

Type of Transportation _____ Contact Person Lisa Iles _____ Phone _____
_____ 859-640-6093 Cell _____

Other Information _____

MEDICAL INFORMATION

To Be Completed By Parent or Guardian – Please Print

Child's Name _____ Birth Date _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Company _____ Policy Number _____

Member's Name _____ Home Phone _____ Work Phone _____

Family Doctor _____ Phone _____

_____ Yes, my child's picture may be used in promotional material by the diocese, or St. Joseph Church.