

St. Bridget Parish School Before/After Care Program 2019-20

Program Information

PROGRAM DESCRIPTION

Any child who is enrolled at St. Bridget Parish School and is 4 years of age through Grade 8 is eligible to participate in St. Bridget's Before/After Care Program. St. Bridget Parish School is a Catholic Christian elementary school where basic Christian and social values are taught and promoted.

HOURS OF SERVICE (School days only. We will not open if there is a late start or early dismissal.)
7:00 a.m.* – 8:20 a.m. and 3:40 p.m. – 6:00 p.m. (*earlier by request and if prior approval granted)

PROGRAM COST AND INFORMATION

- The cost of the program is **\$4.80 per hour** per scheduled student.
- **A minimum of ½ hour will be charged for each student per morning and afternoon session.** After the first 1/2 hour, accounts are charged in 15 minute intervals.
- The program offers a light breakfast at 7:30 a.m. and an after-school snack at 3:45 p.m. **Students who eat breakfast will be charged a minimum of 1 hour.** There is no minimum charge for the afternoon snack.
- All students are signed out at 8:20 a.m. when they head out to morning recess.
- Billings are on a weekly cycle and current balance will be sent via email each week, usually on Fridays. **Accounts should be paid in full by the following Monday. Payment is to be sent in the student's BEE Book or in the locked box on the wall in the Before/After Care room, near the check-in station.** Personal checks or money orders are the preferred payment methods; you may also pay with credit card via your account in Sycamore. **Checks should be made payable to St. Bridget School.** Families may opt to pay a flat amount (i.e. \$100) and have their weekly usage deducted ongoing in lieu of weekly payments. Your statement will reflect your balance and you will be notified when additional payment is needed.
- If there are billing questions, they should be directed to Mrs. Gilles, 715-425-1872 or email office@stbparish.com.
- **Program services for any child may be immediately suspended if account charges are not paid on a weekly basis.** Clients will be charged \$25.00 for returned checks and may be put on a "cash only" basis for more than one returned check. If efforts to collect past due accounts fail, account information will be turned over to a collection agency.
- Program services may be suspended or discontinued if student behavior is disrespectful or inappropriate.
- A late of fee of \$5.00 per family is charged for every 15 minutes after 6:00 pm.

ATTENDANCE

Parents are asked to give the school office a schedule of the days/times that the student(s) will regularly attend and **are asked to email the child's teacher before 1:30 p.m. or call the school office by 3:30 if this schedule changes in ANY way.** This includes picking up scheduled students prior to the start of the program.

Parents of students who attend on an occasional basis are asked to notify the school office by phone/note with the requested days/times as early in the day as possible. **Emergency** before school care (7:00 – 8:20) is allowed without a phone call/note if the student is registered in the program.

For the safety of the children, all schedules, changes to the schedule, and/or changes to those authorized for student pick up **must be arranged with the school office** and NOT with the program employees.

REGISTRATION FORM: The 2019-20 Before/After Care registration form will made available in August.

If you feel your needs, or the needs of your child are not met, please inform the school office at 715-425-1872 or email principal@stbparish.com. We want your child's stay with us to be a safe and pleasant experience.

**St. Bridget Parish School Before/After Care Program
Family Registration Form 2019 – 2020**

(Please complete a new form each year).

<i>STUDENT LAST NAME</i>	<i>FIRST NAME</i>	<i>MI</i>	<i>GRADE*</i>	<i>GENDER</i>	<i>BIRTHDATE</i>

***List PreKindergarten as PreK, Kindergarten as K, Grades as 1 – 8 (List grade for Fall 2019)**

MOTHER'S NAME: _____ ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

MOTHER'S WORK PLACE: _____ WORK PHONE: _____

PHONE DURING EXTENDED HOURS: _____

FATHER'S NAME: _____ ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

FATHER'S WORK PLACE: _____ WORK PHONE: _____

PHONE DURING EXTENDED HOURS: _____

Before School Care Schedule

_____ Days/Week (Please indicate days and arrival time below.)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ARR	ARR	ARR	ARR	ARR

Occasional Program Use Only

After School Care Schedule

_____ Days/Week (Please indicate days and departure time below.)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DEP	DEP	DEP	DEP	DEP

Occasional Program Use Only

Parent/Guardian Signature: _____ Date: _____

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I give permission for St. Bridget Parish School Before/After Care Program staff to contact my child's doctor/dentist in the case of an emergency.

Child's doctor _____ Phone _____

Child's dentist _____ Phone _____

The following two (2) people are authorized and willing to take responsibility for my child/ren in the case of an emergency, and are authorized to pick my child/ren up from school when I cannot be reached:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Persons NOT AUTHORIZED to take your child from the program (if applicable)

Name	Reason
_____	_____
_____	_____
_____	_____

X _____ X
Parent/Guardian Signature Date