



## Bridget Parish School

135 E. Division Street

River Falls, WI 54022

715/425-1872    [www.saintbridgets.org/school](http://www.saintbridgets.org/school)

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*St. Bridget Parish School is a welcoming, innovative Catholic community which focuses on faith, family, and individual academic excellence - fostering living examples of God's presence in our world.*

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### St. Bridget Parish School Before/After Care Program Information

#### PROGRAM DESCRIPTION

Any child who is enrolled at St. Bridget Parish School and is 3 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.  
6:30 a.m.\* – 8:20 a.m. and 3:45 p.m. – 6:00 p.m. (\*earlier by request and if prior approval granted)

**If for any reason school is cancelled there is no Before/After Care.**

#### PROGRAM COST AND INFORMATION

- The cost of the program is **\$6.50 per hour** per scheduled student.
- The program offers a light breakfast at 7:30 a.m. and an after-school snack at 3:50 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 your student's BEE Book.** Personal checks or money orders are the preferred payment methods; you may also pay with **credit card via your account in Option C. 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. Matzek, 715-425-1872 or email [office@stbparish.com](mailto:office@stbparish.com).
- **Program services for any child may be immediately suspended if account charges are not up to date.** 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 \$6.50 per family is charged for every 15 minutes after 6:00 pm.

#### ATTENDANCE

Parents/Guardians 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/drop in 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.

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](mailto:principal@stbparish.com). We want your child's stay with us to be a safe and pleasant experience.



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## St. Bridget Parish School Before/After Care Program Family Registration Form

*(Please complete a new form each year).*

STUDENT LAST NAME	FIRST NAME	MI	GRADE*	GENDER	BIRTHDATE

**\*List Preschool as PS, PreKindergarten as PreK, Kindergarten as K, and Grades as 1 – 8 (List grade for fall 2024)**

Parent/Guardian 1 NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WORK PLACE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PHONE DURING EXTENDED HOURS: \_\_\_\_\_

Parent/Guardian 2 NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

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

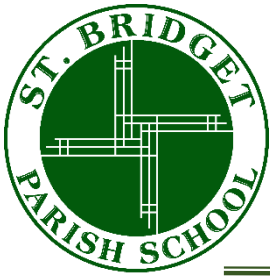
\_\_\_\_\_ Days/Week (Please indicate days and departure time below.)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DEP	DEP	DEP	DEP	DEP

Occasional Program Use Only

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**--OVER--**



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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