

St. Mary's School Aftercare Enrollment 2018-2019

Enrollment form, fee & emergency form is required annually for all children who will attend aftercare.

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|---------|-------|--------------------|
| Student | Grade | Days of attendance |
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I have enclosed a check for the annual enrollment fee. The fee is \$25.00 per child.
Enclosed is a check in the amount of \$ _____

I have reviewed and understand the St. Mary's School Aftercare Policies for 2018 – 2019.

I have completed and enclosed the Emergency Form (OCC1214).

I have provided the Archdiocese of Washington Form 3/3P:

- My child/children attended SMS Aftercare last year and I previously provided the form(s).
 Form(s) 3/3P is enclosed.
 I intend to submit Form 3/3P on (date): _____
(Must be prior to child/children attending aftercare)

If my child requires an epi-pen, inhaler or other medicine at school, I have provided either Authorization to Medicate (OCC 1216) or Student Medication Authorization (Form 8):

Parent: _____

Signature: _____

Date Processed: _____ by _____

Check # _____ Amount \$ _____

St. Mary's School

Aftercare Policies 2018-2019

Full registration and payment are required for a child to be eligible to attend the SMS Aftercare Program, even on a Drop-in basis. Full registration includes (1) completing enrollment form, (2) paying enrollment fee, (3) completing the *Emergency Form* (OCC 1214) and (4) submitting all required health forms.

Enrollment fee is an annual fee of \$25 per child. This fee covers the costs for your child to have milk in aftercare every day and snacks that are provided on half days of school.

The rates listed below are per child, per day.

Regular Rates

You may sign up, pre-pay and commit to the days you need during the coming month.

Prepayments must be made on or before the first of each month.

The monthly aftercare calendar form is on the school website.

For regular dismissal days, 3:00 pm – 6:00 pm or any portion thereof, the fee is \$18.

For early dismissal days, 11:30 am – 6:00 pm or any portion thereof, the fee is \$40.

Drop-in Rates

Drop-in rates apply for days not pre-requested and/or pre-paid.

Payment for drop-in use is due within three days of receiving your drop-in invoice.

To request same day drop-in aftercare, please call the Main Office.

Drop-in aftercare requests will be granted when we have spaces available.

If the Aftercare Program is at capacity on a particular day, your request for drop-in aftercare may be denied.

For regular dismissal days, 3:00 pm – 6:00 pm or any portion thereof, the fee is \$25.

For early dismissal days, 11:30 am – 6:00 pm or any portion thereof, the fee is \$50.

Changes in Schedule

All changes (cancellation or request for drop in) must be communicated to the Main Office before the end of the school day.

A maximum of one (1) credit per month per enrolled student is allowed. To receive a credit, the family must communicate via email to cconway@smsrockville.org prior to the change in schedule.

Late Fee

Parents who pick up after 6:00pm will be charged a late fee of \$1.00 for each minute per family. This fee is due at time of pick up and paid directly to our Aftercare Staff. Please call if you have an emergency and must be late.

St. Mary's School

Aftercare Additional Information 2018-2019

Hours

Regular Days 3:00pm – 6:00 pm

Half Days: 11:30am – 6:00pm

Behavior

During the aftercare program, all students are expected to continue to follow the rules of St. Mary's School.

Location

Preschool aftercare is located in our preschool and kindergarten classrooms.

Kindergarten – 8th grade aftercare is generally located in the Parish Hall. Due to other scheduled parish or school activities, the K-8th aftercare may be located in an alternative location (including the gym or kindergarten classroom). Our aftercare staff will post a note on the outside door indicating their location and the phone number you can call to get entry into the building.

Sign In/ Sign Out

All aftercare students must sign in with aftercare before attending an after school club or activity. Parents must sign out their student(s) each day.

Only authorized individuals listed on your *Emergency Form* will be permitted to pick up your child. If you need to make an alternative arrangement for pick up, please contact the SMS Main Office.

Snacks

Please send in a light snack with your child to have after school.

We recommend you pack this snack separately or label it as an aftercare snack.

Milk and water are available to students upon request.

Students need to bring a lunch for early dismissal days.

Weather Closings

The SMS Aftercare Program follows Montgomery County Public Schools (MCPS) decisions. If MCPS closes early, there will be no aftercare.

If MCPS cancels after school activities, aftercare will be open.

Daily Aftercare Schedule

Our Aftercare Staff posts the daily schedule. Please see them for detailed information.

The schedule includes:

- Arrival & Attendance
- Snack
- Outdoor/Indoor Recess
- Homework
- Centers: Once homework is completed, students can choose a center in which to participate. Centers change daily and include art, games, and building activities.

EMERGENCY FORM

INSTRUCTIONS TO PARENTS/GUARDIANS:

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt# City State Zip Code

2. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt# City State Zip Code

3. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt# City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street/Apt# City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
Street/Apt# City State Zip Code

Mother/Guardian's Name _____ Home Telephone _____
Last First

Employer/School _____
Name Address

Home Address (If different from above) _____
Street/Apt# City State Zip Code

Work Telephone _____ Cellular Phone _____ Beeper _____

Father/Guardian's Name _____ Home Telephone _____
Last First

Employer/School _____
Name Address

Home Address (If different from above) _____
Street/Apt# City State Zip Code

Work Telephone _____ Cellular Phone _____ Beeper _____

Name of Person Authorized to Pick-up Child (daily) _____
Last First Relationship to Child

Address _____
Street/Apt# City State Zip Code

ANNUAL UPDATES _____
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____)_____
Telephone Number