**Holy Cross Catholic School**

**After School Care Program**

**2018-2019**

**Mission Statement**

Holy Cross Catholic School After School Care Program is committed to providing a nurturing and supportive after school care program promoting the physical, social, and intellectual growth of our students.

**General Rules and Regulations**

Holy Cross Catholic School After School Care Program will operate as a licensed child care center through the Oregon Department of Education Office of Child Care. The program operates through Holy Cross Catholic School, therefore the rules and regulations outlined in the Holy Cross Catholic School Parent-Student Handbook, including the dress code, apply for the After School Care Program as well.

**Hours of Operation**

Holy Cross Catholic School After School Care Program operates from school dismissal time to 6:00 PM on days that school is in session. Please note that you will need to make other arrangements for in-service and conference days (October 12, 25, 26; February 1, 15, 19;

April 22).

**Curriculum**

There will be an established schedule for activities that include a nutritious snack, homework time, arts and crafts, free and organized play.

**Emergency Contact and Medical Information**

Holy Cross Catholic School After School Care Program uses emergency contact and medical information provided to the school at the time of registration. It is the parents’ responsibility to update this information. An Authorization for Medication form must be completed for any prescription or non-prescription medication. Lifesaving medications (eg. inhalers, Epi-pens) need to be checked in to the school office, and a set for both school and after care provided.

**Fee schedule:** Registration fee is $35.00. Monthly rates depend on the number of days your child attends and whether they will be picked up by 4:30 PM (Early Pick Up) or by 6:00 PM (Late Pick Up). A $10.00 fee will be charged for each additional 5 minutes (per child) if children are not picked up by 6:00 PM.

5 Days/Week Early Pick Up: $150/month 5 Days/Week Late Pick Up: $250/month

4 Days/Week Early Pick Up: $120/month 4 Days/Week Late Pick Up: $200/month

3 Days/Week Early Pick Up: $90/month 3 Days/Week Late Pick Up: $150/month

2 Days/Week Early Pick Up: $60/month 2 Days/Week Late Pick Up: $100/month

1 Day/Week Early Pick Up: $30/month 1 Day/Week Late Pick Up: $50/month

Families will receive monthly invoices. Prompt payments are appreciated; delinquency in payment may result in your child’s removal from the After School Care Program.

**Holy Cross Catholic School After School Care Program**

**2018-2019 Registration Form**

**Student’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**: \_\_\_\_\_\_\_\_\_\_\_\_

**Student’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**: \_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate your choice and circle the days your child will attend:**

* 5 Days/Week **Early Pick Up**: $150/month
* 4 Days/Week Early Pick Up: $120/month Mon Tue Wed Thu Fri
* 3 Days/Week Early Pick Up: $90/month Mon Tue Wed Thu Fri
* 2 Days/Week Early Pick Up: $60/month Mon Tue Wed Thu Fri
* 1 Day/Week Early Pick Up: $30/month Mon Tue Wed Thu Fri

**~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~**

* 5 Days/Week **Late Pick Up**: $250/month
* 4 Days/Week Late Pick Up: $200/month Mon Tue Wed Thu Fri
* 3 Days/Week Late Pick Up: $150/month Mon Tue Wed Thu Fri
* 2 Days/Week Late Pick Up: $100/month Mon Tue Wed Thu Fri
* 1 Day/Week Late Pick Up: $50/month Mon Tue Wed Thu Fri

Other than parents, **who may pick your child up**?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ (INITIAL) **Authorization for Leaving School Premises**

I hereby give permission to the staff of Holy Cross Catholic School After School Care program to leave school premises for walking to Portsmouth Park.

\_\_\_\_ (INITIAL) **Authorization for Emergency Medical Care**

I hereby give permission to the staff of Holy Cross Catholic School After School Care Program to call for any doctor or emergency medical services on my child’s behalf. I give permission for the doctor, hospital, or medical services to provide emergency medical or surgical care for my child. It is understood that the child care provider will make a conscientious effort to communicate with any parents, guardians and emergency contacts listed on the school registration document before any action will be taken, time allowing. If the child care providers are unable to reach any of the contacts listed, treatment will not be delayed. I will accept the possibility and expense of emergency transportation, medical or surgical treatment.

**Movie Viewing Permission**

On occasion videos that support the curriculum or are part of a celebration may be watched during the After School Care Program. Please choose one or more of the following for your child:

\_\_\_\_\_ (INITIAL) My child may watch G (General Audience) videos. (Examples: WALL-E, March of the Penguins, The Muppet Movie)

\_\_\_\_\_\_ (INITIAL) My child may watch PG (Parental Guidance Suggested) videos. (Example: Brave, Ice Age, Jumanji)

\_\_\_\_\_\_ (INITIAL) My child may NOT watch videos during the After School Care Program. An alternate activity will be provided in a separate area.

**Parent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_