

# ST. JOSEPH AFTER SCHOOL PROGRAM

**Available after every full day of school until 6 PM  
for children grades K through 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, art, 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.

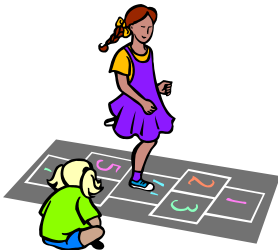
**For more information contact:**

Nancy Hayden, Program Director,

Cell (859)250-1075

Email [nhayden@sjscrescent.org](mailto:nhayden@sjscrescent.org)

-or- Sally Zeck, Principal, (859)578-2742



## 2017-2018 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 such 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 FCC and in the Preschool Activity room. You will need to enter at the front of the school building, at the FCC entrance (the set of double blue doors to the left of the Library). Look for the After School Program sign on the doors. You will need to ring the white doorbell at THIS entrance for us to let you into the building and escort or direct you to the room your child is in.

### RATES AND ATTENDANCE:

**Per child:** Full-time: \$55.00/week (attendance every day). Part-time: \$11.50 /day (with a minimum of two days per week). **If planned attendance days will vary, email Nancy Hayden, 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, you must still pay for that day as arrangements for food, staffing, etc., have already been made. Only in the case where ASP is closed, in accordance with school closings or early dismissal, will payments be pro-rated. If the school is officially closed due to a holiday, snow day, etc., you do not pay for that day.

## **PAYMENT:**

Payment is based on planned/scheduled attendance and is required in advance. Payments may be made weekly or monthly, but must be made at the beginning of each week or month for the days each child is scheduled to attend. **You will not be “billed” nor should you expect to be reminded to make your payment.** Checks are to be made payable to St. Joseph School, with “After School Program” written on the memo line. You can send it to the office c/o ASP-Nancy Hayden, or bring it with you when you pick up your child.

## **DAILY SCHEDULE/ACTIVITIES:**

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 with the “After School Program” sign 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: \_\_\_\_\_

**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 \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary 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 Phone (Emergency) 859-250-1075 Cell  
2474 Lorraine Ct. Crescent Springs, KY 41017

Starting Time 2:00 PM Meeting Place St. Joseph School 1<sup>st</sup> floor classroom

Ending Time 6:00 PM Meeting Place St. Joseph School 1<sup>st</sup> floor classroom

Type of Transportation \_\_\_\_\_ Contact Person Nancy Hayden Phone 859-250-1075 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 \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

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