



AFTERCARE 2020-2021

Dear Parents,

AfterCare begins on the first day of school 2020. Beginning immediately after school, AfterCare takes place in the gymnasium or Early Childhood playground until 3:30PM and then students are taken to the PK-3 building until 6PM. Students who attend AfterCare should have an extra snack with them.

St. Patrick School offers two pricing options for AfterCare:

Monthly – also includes any Noon dismissal days when AfterCare is available. \$550 per month.

Drop-Ins – and families not attending regularly are ALWAYS welcome and will be charged \$11/hour or any part thereof.

Whether **Monthly or Drop-In**, the registration form attached must be on file in order for students to attend. Parents will be billed monthly through the family SMART account.

As a bonus, if you register for AfterCare by September 1, 2020 for the full 2020-2021 school year you will be billed for only 9 months, June attendance will be free.

For those families using AfterCare on a regular basis, Monday - Friday until 6PM, the first payment for September 2020 should be returned with the AfterCare Registration Form (see attached) no later than September 1, 2020. All subsequent monthly payments will be billed through SMART, due the first of the month prior to attendance.



AFTERCARE REGISTRATION FORM 2020-2021

Family Last Name: _____

Parent Contacts: - Mother: Name _____
Home _____ cell _____ work _____
- Father: Name _____
Home _____ cell _____ work _____

Child's Name: _____ Grade: _____ *Allergies? _____ EPI? _____
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**Please provide additional allergy information on a separate sheet of paper if necessary.*

September 2020 Payment: AfterCare Fee \$550 x # of children _____

Total Enclosed: _____ Check # _____

We may use AfterCare on the following days for \$11/hour. (circle choices): **M T W Th F Occasionally**
I agree to be billed and pay through SMART Tuition for AfterCare as registered above.

Parent Name: _____ Parent Signature: _____ Date: _____

Please list those authorized to pick up your child/ren. Only those listed will be allowed to pick up your child without written authorization.

1. _____ phone # _____ Relationship _____
2. _____ phone # _____ Relationship _____
3. _____ phone # _____ Relationship _____

Please return the completed form to the School Office by September 1, 2020 to receive June AfterCare coverage free of charge.

I, the undersigned, to hereby authorize officials of St. Patrick School to render treatment as may be deemed necessary in an emergency, for the health of the child(ren). If my child(ren) needs emergency care, I authorize an Emergency Squad to be called. In the event that the persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the child. I will not hold the school officials responsible for the emergency care and/or transportation of the child(ren).

Parent Name: _____

Parent Signature: _____ Date: _____