



2020-2021 After School Program Registration

50 Harvey Place * Stratford CT 06615 * (203) 375-5994 * www.stjamesstratford.org

The St. James After School Program is made available to the parents of our students who need a safe, dependable and convenient place for their children once the regular day is over. The After School Program runs from dismissal until 5:30 p.m.

St. James faculty supervise homework and provide assistance if needed. A daily snack is provided. Students enrolled in the After School Program are involved in fun activities throughout the afternoon, including art and craft activities, and group games.

Fee Schedule

After School Registration Fee: \$50.00 each family
\$95 per child per week 3-5 days/full time
\$50 per child per week 1-2 days/part time

LATE FEES: *There will be a \$15 late charge imposed for each five-minute period beyond 5:30 p.m. All late fees must be paid to the Director and they will be treated like all other financial obligations.*

A 10% discount will be applied to families with more than one child enrolled in the program. For example, two children enrolled for 3-5 days per week would cost a family \$171 per week.

PAYMENT: After School fees must be paid directly to the Program Director

Weekly fee due each Friday
Monthly Fee (based on the # of Fridays per month), due on 1st Friday of the month

Cash or checks are accepted. Please make checks payable to St. James School. After School fees are subject to the terms and conditions of the St. James School Financial Policy (refer to Parent/Student Handbook).

How to Enroll

Simply complete the form on the other side of this page and return it to school with the \$50 registration fee. All checks must be made payable to St. James School. The registration fee is nonrefundable. The first day for the After School Program will be Tuesday, following the Labor Day holiday.

Registration form required. See enclosed.



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Please fill-out and return with \$50.00 registration fee, made payable to St. James School

Student(s) Name	Grade Entering in Fall	Homeroom Number	Student's Date of Birth	Days per week expected to attend the ASP
Mother's /Guardian Name	Home Phone	Work Phone	Cell Phone	
Mother's Employer Name and Address:				
Mother's Home Address:				
Father's/Guardian Name	Home Phone	Work Phone	Cell Phone	
Father's Employer Name and Address:				
Father's Home Address:				

Emergency Contact Information THE FOLLOWING PERSONS ARE ALLOWED TO PICK UP MY CHILD/CHILDREN IF I AM UNABLE TO OR IN THE EVENT OF AN EMERGENCY:

Name _____

Phone _____ Relationship _____

Name _____

Phone _____ Relationship _____

Name _____

Phone _____ Relationship _____

Complete other side ↻

Medical Information

Physician's Name _____

Physician's Phone # _____

List any allergies or special medical conditions: _____

Medical Release & Consent

In case of emergency, I understand that every effort will be made to contact parents or guardians of my child/children. In the event that I cannot be reached, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, order injections, anesthesia or surgery for my child/children:

Parent/Guardian's Name (Print)

Parent/Guardian Signature

Date