

ST. RAYMOND SCHOOL BEFORE/AFTER CARE PROGRAM 2020-2021

St. Raymond School proudly announces the continuation of the BEFORE & AFTER SCHOOL PROGRAM, beginning September 10th, 2020 for all of our families. The program had been developed to assist working parents with quality, low-cost childcare.

Registration and Fee Schedules: There is a one time a year \$75 family registration fee payable to St. Raymond School to be enclosed with the registration form. Payment is made on a weekly basis. You will receive an invoice every Monday for the week prior. **Payment is never due in advance; please wait for the invoice each Monday, however, we expect payment by the Friday of that week.** Thank you. Students may stay for the three hours or any part of that time. **However, the hourly rate of \$10 per hour for the first child and \$5 per hour for each additional child will apply immediately upon the commencement of a new hour.** (Rates apply to both the before and after school programs). Please note on days with an 11:30 dismissal, you will be charged **half of the hourly rate from 11:30-12:00.**

Hours of operation: Monday through Friday - Before school - 7:00 AM to 8:00 AM
After school - Dismissal to 6:00 PM

Aware of the difficulty some families have with early morning drop-off, we have arranged for supervision each day for these "early birds". The supervisor will meet the children in the cafeteria unless otherwise posted on the cafeteria door. **Any child who is not a bus student and arrives at school before 7:45 will be signed into the before care program.**

The After School Program closes promptly at 6:00 PM. If you are detained and cannot pick up your child by that time please arrange to have an authorized adult do so for you (with a photo ID). If we have not heard from you and it is after 6:00 PM the Director will contact a person on your emergency list to come and pick up your child. **After 6:00 PM a \$20 late fee will be charged for every 15 minutes you are delayed. Excessive lateness will result in your child being removed from the program. Parents are required to sign out your child when you pick up. Please be advised that there will be a \$10 late fee for balances that are not paid within one month of receiving the invoice.**

Health: For the safety and well being of your child and others, sick children should be kept at home. Should your child become sick or injured during the program hours, you or a designated emergency contact will be notified and asked to pick up the child as soon as possible. If your child is unable to participate in any activity or has any medical issues, please notify the director. **Masks will be worn when the students are not socially distant.**

Snack: Each child needs to bring his/her own snack and drink until farther notice.

Activities: There will be time for physical recreation, homework and study, and outside activities. Please be advised that this is not a time for private tutoring.

Contact: If you need to reach the After Care Program for any reason, the cell number is:
516-603-8003

If your child is going to attend either the Before or After School Program which will begin on Thursday, September 10th, 2020, you must fill out the included forms and send it with a non-refundable fee of \$75 to the school anytime from now on, but no later than September 9th.

St. Raymond School
263 Atlantic Avenue
East Rockaway, NY 11518-1117
(516) 593-9010

Before/After School Program

Authorization Consenting to Medical Treatment for a Minor Child

2020-2021 SCHOOL YEAR

I, _____, the parent of _____, a minor child who was born on _____ and resides at _____ in the State of New York, authorize an adult at St. Raymond School's Before/After School Program to seek emergency treatment for my child. Such treatment includes, but is not limited to, examination, x-rays, laboratory tests, medical and surgical treatment, use of medication, anesthetics, sutures, and admission for hospital care should this be necessary when efforts to contact me are unsuccessful. It is understood that such care will be given upon the advice of a duly licensed physician or surgeon.

My family doctor is _____ Phone _____ I authorize that he/she may be called in case of an emergency. Any physician acting in his/her place should be advised that my child has the following health problems and/or allergies:

Signature of Parent/Guardian

St. Raymond School

263 Atlantic Avenue
East Rockaway, NY 11518-1117
(516) 593-9010

**BEFORE/AFTER SCHOOL PROGRAM
2020-2021 SCHOOL YEAR**

REGISTRATION FORM

Child's Name: _____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____

Family Address _____ Home Phone _____

Mother's Name _____

Business Firm _____ Phone _____

Cell Phone _____

Father's Name _____

Business Firm _____ Phone _____

Cell Phone _____

Emergency Contact:

Name _____ Phone _____

Name _____ Phone _____

Parent/ Guardian Signature _____ Date _____

\$75.00 Registration Fee _____ Cash _____ Check # _____