



After School Program



As a service to working parents, St. Aidan School provides an After School Program on most school days, including early dismissal days (See below for the dates when the program is **not** in session.). Our program will begin this year on Thursday, September 10, 2020 for grades K-8, Monday, September 14, 2020 for Pre-K and Wednesday, September 16, 2020 for interested extended Nursery students.

St. Aidan teachers and teacher assistants provide supervision during the program. The children have snack and playtime (outdoors, if weather permits) and have supervised homework/study time, or quiet playtime in the case of the younger children.

This year, the After School Program will take place in both the Upper School and Lower School Cafeterias. Students will have their temperatures taken before entering the After School Program. Students will wear masks and remain in their cohorts whenever feasible. After School staff will enforce proper social distancing among all students. All staff members are required to wear masks as well. We look forward to a safe and wonderful year in our After School Program.

REGISTRATION:

The two page registration application is available on our website and attached below. An annual \$25 family registration fee and the application forms must be submitted, including **the notarized** Authorization for Emergency Medical Treatment, before a child may attend the program.

SNACKS:

Students are asked to bring a designated snack for the After School Program.

PICK-UP:

All children in Grades K-8 **MUST** be picked up by 6:00 PM. All Nursery children **MUST** be picked up by 5:00 PM. We know that emergencies happen, but please have a back-up plan for picking up your child on time. **If you arrive after the specified time, there may be an extra fee of \$25.00 to help cover the additional expense to the program.** If someone out of the ordinary is picking up your child(ren), that person must be listed on the application as “authorized to pick up”, and will be asked to show photo ID. All doors will be locked. When you arrive for pick-up, you must call the **special after school phone at 516-778-4657**. Please put this number in your phone and call only once you are here. A teacher will bring your child(ren) to the door. Thank you for your cooperation.

EARLY DISMISSAL DAYS:

We will offer the After School Program on most early dismissal days.

If your child is going to attend the program on early dismissal days:

- Send lunch (including a drink), and a snack if staying until after 3:00 PM.
- Send a book to read. After lunch and playtime, we will be having a quiet time, especially for the little ones. We will ask the older ones to read for this period of about a half hour.

If your child will be attending the After School Program on any of the early dismissal days, please be sure to communicate this with your child's teacher.

BILLING:

Bills are generated weekly by Mrs. LaMagna and are usually distributed to parents at After School pick-up on Mondays. If your child does not attend the program on Mondays, the bill will be sent home with your child on Tuesdays. Monthly statements are sent home at the beginning of each new month to any family carrying a balance for the previous month. If payments are not made within ten days of the statement date, a late fee of \$25.00 will be added to the outstanding balance. All billing questions should be directed to Mrs. Melissa LaMagna, Upper School secretary, at mlamagna5547@staidanschool.org or 516-746-6585 ext 302.

The cost of the After School Program is an hourly rate. You will be billed for the time your child attends.

One child: \$12 per hour

Two children: \$14 per hour

Three or more children: \$16 per hour

For your planning purposes, please be advised that the Afterschool Program **will not be in session** on:

Wednesday, November 25, 2020

Wednesday, December 23, 2020

Friday, February 5, 2021

REMINDER:

It is important to notify the school regarding your child's dismissal plans.

Thank you for your cooperation!

Mrs. Julie A. O'Connell
Principal

Mrs. Barbara Graham
Assistant Principal

ST. AIDAN AFTER SCHOOL PROGRAM

510/525 Willis Avenue, Williston Park, NY 11596 516-746-6585 ext. 202/302

FAMILY REGISTRATION FORM (\$25.00 per family)

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Mother's Name _____ Home Phone _____ Cell _____

Business Firm _____ Business Phone _____

Business Address _____

Father's Name _____ Home Phone _____ Cell _____

Business Firm _____ Business Phone _____

Business Address _____

Emergency Contacts (Minimum of 2 local adults); Provide information for persons who may be notified during program hours in case of emergency and who are authorized to pick up your child. Contacts living close to the school are preferred.

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Pertinent Health History (allergies, problems, conditions): _____

Please let the child's classroom teacher know of the expected dismissal procedure.

Use the back of this form to include additional authorized names. My child may be released to anyone listed above. (\$25.00 per family)

Parent signature: _____ Date _____ Reg. fee paid _____

Email Address: _____

St. Aidan After School Program

510/525 Willis Avenue, Williston Park, NY 11596 516-746-6585 ext. 202/302

AUTHORIZATION CONSENTING TO MEDICAL TREATMENT FOR MINOR CHILD

I, _____, the parent of _____

a minor child who was born on _____ and resides at

_____ in the County of

Nassau in the State of New York, authorize an adult at St. Aidan 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 Number _____. I authorize that you may call him/her in case of an emergency. Any physician acting in his/her place should be advised that my child has the following allergies _____

Sworn to before me this _____ day of _____ 20__

Notary Public

Signature of Parent/Guardian