



Dear Parents,

Enclosed is information as well as the registration materials for our after-school program at St. Agnes Cathedral School, known as **St. Agnes Cares**.

The program begins on Wednesday, September 8, 2021. You will receive a tuition statement at the start of the program. A \$35.00 registration fee is due on August 15th along with the registration form, emergency contact information, and medical consent form (which must be notarized). Due to the security of the children in the program, this information must be completed each year.

If you have any questions, feel free to call the school at 516- 678-5550

Return the completed forms to:

St. Agnes Cathedral School
70 Clinton Ave.
RVC, NY 11570
Mark the envelope ATTENTION: St. Agnes Cares.

Sincerely,

Mrs. Cecilia St. John

Mrs. Cecilia St. John
Principal



ST. AGNES CATHEDRAL SCHOOL AFTERCARE PROGRAM: ST. AGNES CARES

St. Agnes' Aftercare Program is a service to our students and their parents which provides after-school supervision for children in grades K through 6. The goal is to alleviate the pressure of parents working outside the home.

AFTERCARE PHONE NUMBER: 516-456-3983

ACTIVITIES: The program is coordinated and supervised by qualified personnel. **Children should bring in a shoe-sized box with supplies and activities they can play.** A period of quiet time to complete homework as well as physical activity will be provided in the schoolyard, weather permitting.

BEHAVIOR: Appropriate behavior is essential for the safety and well-being of all of the children. If the behavior code is not followed, parents will be notified, and dismissal from the program may follow. Aftercare will follow the protocols and guidance that are in effect by the CDC.

PROCEDURES: The program will be in operation on the days school is normally in session, from dismissal until **6 p.m.** **CHILDREN MUST BE PICKED UP NO LATER THAN 6 P.M.** It will not operate on school holidays and the day before Thanksgiving, Christmas and Easter vacation, or during vacations. **Aftercare will be in effect on monthly half day Fridays unless otherwise noted on the calendar.** Any number of days per week can be chosen, but it is expected that students will attend on a regular basis. The opportunity to switch days within a week from time to time may be available depending on space. The cost of the program is minimal. **THIS AMOUNT INCLUDES SEPTEMBER THROUGH JUNE, WITH NO DISCOUNTS GIVEN FOR SHORTENED MONTHS, SCHOOL CLOSINGS, ETC.**

	<u>1 Child:</u>	<u>2 Children:</u>	<u>3 Children:</u>
1 day per week	\$100/month	\$180/month	\$260/month
2 days per week	\$180/month	\$340/month	\$500/month
3 days per week	\$260/month	\$500/month	\$740/month
4 days per week	\$340/month	\$660/month	\$980/month
5 days per week	\$420/month	\$820/month	\$1,400/month

Ten equal monthly payments are due on the first day of each month, with the exception of **September, which will be due on the 15th.** Children may not begin a new month unless payment is up-to-date. Refunds of monthly payments cannot be given for isolated absence but will be given on the fifth day of consecutive absence due to illness. Two weeks written notice must be given if you intend to withdraw you child from the program.



Please complete the registration form as soon as possible, enclose the \$35.00 non-refundable fee, and return it to the elementary school office. Make checks payable to St. Agnes Cathedral School and notate it St. Agnes Cares.

ST. AGNES CARES REGISTRATION FORM

Child's Name: _____ Grade in September _____

Please circle days needed:

MON

TUES

WED

THURS

FRI

The program begins on the **Wednesday, September 8, 2021**. You will receive a tuition statement at the start of the program. A \$35.00 registration fee made out to St. Agnes Cathedral School, the enclosed registration form, emergency contact form, and medical consent form (which must be notarized) are due by **September 15th**.

Return forms to:

St. Agnes Cathedral School

70 Clinton Ave.

RVC, NY 11570

Mark the envelope ATTENTION: St. Agnes Cares.



ST. AGNES CARES EMERGENCY CONTACTS

Please complete this form to enable us to care for your child in an emergency situation. It is your responsibility to advise us of any changes IMMEDIATELY. Your child's health and safety are foremost in our minds, but we need and expect your full cooperation.

Child's/Children's
Name(s): _____

Address: _____

Mother's Name: _____

Home Phone No. _____

Work Phone No. _____

Cell Phone No. _____

Email Address: _____

Father's Name: _____

Home Phone No. _____

Work Phone No. _____

Cell Phone No. _____

Email
Address: _____

CONTINUED ON THE NEXT PAGE



ST. AGNES CARES EMERGENCY CONTACTS CONTINUED

Please list two emergency contacts in case we are not able to reach you. These individuals should be able to drive and pick up your child within 15 minutes of notice from our office. Do NOT list anyone in (212) and (718) area codes.

Name: _____

Phone No. _____

Name: _____

Phone No. _____

If you wish, please list the name of a family either in the St. Agnes Cares Program or a St. Agnes School family (who you have already spoken to) who has your permission to pick up your child in case of cancellation or early dismissal of the St. Agnes Cares Program.

Family Name: _____

Phone No. _____

Parent's Signature

Date



AUTHORIZATION CONSENTING TO MEDICAL TREATMENT FOR MINOR CHILD

I, _____, the parent/guardian 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 the St. Agnes Cares 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 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