



Excellent Minds. Exceptional Hearts.

St. James School Aftercare Program 2019-2020 Registration

The St. James School Aftercare Program operates in the school cafeteria daily from 2:30 – 6:00 pm. The program can be used on an as-needed basis by simply sending a note with your child informing the school that your child will participate in the program on a particular day.

Supervision is provided by Mrs. Cheryl Jamis, Program Director and Mrs. Denise Vular (background in art, fine arts, and computers.)

The focus of the Aftercare program is to provide a safe environment for children during after school hours until their parents are able to pick them up. We strive to provide a balance of academic, physical and social activities (board games, gym and outdoor play time, art, movies). The first hour is routinely used for snack and homework.

Each child will need to bring their own snack, appropriate for the duration of their stay.

You may also send play clothes for your child including gym shoes.

PLEASE NOTE:

- If a child's ride is delayed after school or after an organized program, they will be sent to the Aftercare program.
- If an after school activity or music lesson has a delayed start time, students will be sent to the Aftercare program until the start of the activity.

Please submit the registration form, (page 2) along with the \$10.00 registration fee to the school office before beginning use of this service.

AFTERCARE FEE STRUCTURE

Registration Fee - \$10.00 per family per year

Hourly Rate - \$4.50 per hour per child. Note that a \$10.00 late fee per 15 minutes will be charged if your child is not picked up by 6:00 PM closing time.

Payment: Payment for services is due every other week. Please make checks payable to St. James School.
Bills will be given every other Monday at Aftercare pick-up or in the Wednesday folder if your child is not attending on Monday. Payments are due that Friday.

St. James Aftercare Registration Form 2019-2020

STUDENT NAME	GRADE (2019-20)	-----Estimated Use-----	
			(Circle likely days)
_____	_____	_____ # Hours/day	_____ # Days/week M/T/W/TH/F
_____	_____	_____ # Hours/day	_____ # Days/week M/T/W/TH/F
_____	_____	_____ # Hours/day	_____ # Days/week M/T/W/TH/F
_____	_____	_____ # Hours/day	_____ # Days/week M/T/W/TH/F
_____	_____	_____ # Hours/day	_____ # Days/week M/T/W/TH/F

Emergency/Authorized Pick-Up - Including yourself, please fill in any individuals you authorize to pick up your child and who can be contacted in case of an emergency. List all numbers where the person can be contacted (work/home/cell). Children will only be released to these individuals. Please inform the authorized persons to be prepared to show identification.

Parent/Guardian: _____	Phone Number(s): _____
Parent/Guardian: _____	Phone Number(s): _____
Name of Adult: _____	Phone Number(s): _____
Name of Adult: _____	Phone Number(s): _____

Please list any medical / other conditions or concerns that the staff should be aware of:
