



## **After School Program**

This program is available for those children who attend St. Francis Xavier Catholic School.

The hours are: 2:00PM -6:00PM on Wednesdays

Noon-6:00PM on noon dismissal days

3:00PM-6:00PM all other school days

Any child planning to attend after-school care **must** be registered. If at any time you must call the school to have your child(ren) go to after-school care, your children **must** have been previously registered. No students are permitted to attend After School Care without being registered.

Discipline and respect are expected of the students. Failure to follow the instructions of the supervisor or inability to follow the group schedules will result in dismissal from the program. The same rules which apply at school are in place at After School Care. **DRESS CODE** is the same for After School Care as for school. Students are not permitted to change out of their school uniforms.

### **FEES:**

Registration: \$25 per family annually. This fee is non-refundable and must be paid before children begin the program. The daily rate is \$10 per day, per child, and will be billed monthly. Monthly fees (below) are due on the first of the month as follows:

<b>1 child</b>	<b>\$155.00 per month</b>
<b>2 children</b>	<b>\$210.00 per month</b>
<b>3 children</b>	<b>\$295.00 per month</b>

**PLEASE NOTE:** The fees are based using the school calendar year and are then broken into a set of monthly fees. Since the monthly fee is arrived at by using the school calendar (allowing for Christmas holidays, Easter, In-service, etc.,) the monthly amount **DOES NOT CHANGE** no matter what holidays occur or what other days the family chooses not to attend. The monthly fees begin on the first day of school in August and end on the last day of school in May.

**The After School Program is available on school days only. The After School Program is located in the building on the corner of Cottage Street and Victoria Avenue. The phone number there is 239-334-2606.**

# **St. Francis Xavier School/ After School Care Registration Form**

Please submit a completed form for each child with the \$25 registration fee per family.

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

**SESSIONS ATTENDED:** 3-5 Days Per Week \_\_\_\_\_ 2 Days or Fewer Per Week \_\_\_\_\_

**FAMILY INFORMATION:** Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## **MEDICAL INFORMATION:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Please list allergies, special medical or dietary needs, or other areas of concern:**

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Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and authorized to remove the child from the facility in cases of illness, accident or emergency if, for some reason, the custodial parent or legal guardian cannot be reached:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_