



St. Clare/St Paul School After School Care Program 2024 - 2025

St. Clare/St. Paul School (SCSP) will offer an After School Care Program (ASCP) for the 2024-2025 school year. The program will be offered at the Primary Campus. Students enrolled in grades Kindergarten to grade 5 are eligible. This program will reflect the philosophy and mission of SCSP School. It was designed to meet the needs of our students and working parents. The ASCP will provide a safe, nurturing environment that is a natural extension of our school community.

Hours of Operation

On regular school days, the program will operate from the time school is dismissed until 5:00 PM. The After School Care Program will not be available on early dismissal days or when school is closed. The ASCP will begin on Tuesday September 3rd.

Main Campus Students

Will ride the shuttle bus from Main Campus to the Primary Campus.

Registration Form

All students who participate in the After School Care Program **must** complete a registration form each year. *Please return it the first week of school.* **Any student (car rider/walker) that is not picked up by 2:30 will be sent to the ASCP and the families will be billed accordingly.** Please write a note to the student(s)' classroom teacher on the day the child will be attending the program.

Fees and Payment Policy Schedule

- **\$7.00 per hour/ per person**
- **An additional fee will be applied to pick ups after 5pm. (\$25.00)**
- Families will be billed weekly with payment due upon receipt.
- Please **make checks payable to SCSP School-ASCP**

Pick Up

- Parents/guardians are required to sign their child out of aftercare. Pick up in back parking lot of the Primary school.
- Children will not be permitted to leave with someone not listed on the child's contact sheet. Written notice must be given for individuals not listed. For safety reasons, **no child will be released without a parent/guardian signature.**

General Information

Students will participate in various activities such as games, study/homework time and outdoor play (weather permitting).

- Please provide your child with a healthy snack (peanut free) and drink.



Student Name _____ Grade _____

Parent Information:

Name

Phone Numbers;

Home

Cell

Work

Mother _____

Father _____

After School Care Program:

- Days of Attendance (circle all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

- As needed

Please write a note to the student(s)' classroom teacher on the day the child(ren) will be attending the program.

The following are authorized to pick up my child(ren) from the ASCP:

Name

Phone Number

Allergies/Medical Issues _____

I have provided my emergency contact information to the school office. Any changes in this information will be reported to the office.

I agree to the payment schedule and policies outlined for the After School Care Program.

Parent/Guardian Signature

Date