



Welcome to the St. Edward After Care Program!!

When school is dismissed each day, the children will go to the cafeteria for a 30 minute snack. Following this break, in line with St Edward's priority of the educational process, there will be a study hall for all students in grades 3 through 8. This is an opportunity for all students to complete homework assignments, work on self guided projects, study for tests or perhaps just read a book.

All classes will also have scheduled play time, either on the playground or in the gym.

This year the payment will be collected on Monday. Payment may be made by the week or the month. If payment is overdue by more than two weeks, the parent will be called and if payment is not received promptly the student may be asked to leave the program.

Cost for the program for the 2008-2009 school year is \$30 per week, or a drop in rate of \$10 per day. There are weeks in the school calendar that do not include five days, and your payment will be prorated at a cost of \$6 per day.

The Aftercare Program closes at 5:30pm. If a student remains past 5:30, a late charge of \$1 per minute is accrued and must be paid when the student is picked up. Students who are repeatedly picked up after 5:30 may be asked to leave the program.

On Early Dismissal days (first Friday of each month) Aftercare will be available to all students registered with the After Care Program. Aftercare will not be available during school holidays.

Each student enrolled must have the attached form on file with the After Care Program. Please return this form and your Aftercare registration fee of \$15 with your registration packet.

If you have any questions or problems, please feel free to contact me!

Sincerely,

Juanita Ferguson
Director
(501)374-9166

After Care Registration Form
St. Edward School
805 Sherman
Little Rock, AR 72202
Phone 374-9166

Child's Name _____ Date of Birth _____ Sex: M or F

Home Address _____ City/Zip _____

Mother's Employer _____ Home Phone _____

Work Phone _____ Cell Phone _____

Father's Employer _____ Home Phone _____

Work Phone _____ Cell Phone _____

Mother's Work Hours _____ Father's Work Hours _____

Emergency Contact Information—Name, address, and phone numbers to contact if parents cannot be reached.

Name _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Is this person authorized to take the child from the day care? _____

Name _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Is this person authorized to take the child from the center? _____

List all other adults who are authorized to take the child from the center. _____

Medical Information

Child's Physician _____ Address _____

Doctor's Phone _____

Hospital Preference _____ Phone _____

Describe any medical conditions (physical, mental, or behavioral problems) the care staff should know about your child _____

A current Immunization Record must be turned in to the school office.

Please read the following and sign below to represent agreement.

- **In case of an emergency, I authorize the care program to arrange for medical/dental care and transportation to the hospital nearest to the school**
- **The care program cannot assume financial liability for injuries. Student accidental insurance is available through the school office.**
- **I accept responsibility for paying the child care fees by the end of each month.**
- **Children are subject to be interviewed by a Child Care Licensing Specialist, Child Maltreatment Investigator, and/or Law Enforcement to determine compliance with licensing requirements.**
- **Parents have access to their child anytime during the hours of operation.**
- **I give permission for the use of suntan lotion/sunscreen as needed according to the licensing requirements.**
- **I have received the After Care Student Conduct Expectations and Discipline Plan.**
- **I understand that I may ask for a conference with the caregivers as needed.**

Signature of Parent _____ **Date** _____

Date of Enrollment _____ **Date of Withdrawal** _____

St. Edward After Care

I, _____ give the following people permission to pick up my child(ren),

_____.

Name

Relationship to child

Phone number

1. _____

2. _____

3. _____

4. _____

5. _____