

Nativity of Our Lord School After Care Policies and Procedures
2024-2025

To ensure that everyone is on the same page, we ask that you please read, sign, and return the After Care policies and procedures listed below. We thank you for your cooperation.

Attending After Care

It is very important that BOTH the classroom teacher and After Care supervisors know when to expect your child at the After Care Program. We ask that you provide BOTH the CLASSROOM TEACHER and AFTER CARE PROGRAM with a WEEKLY or MONTHLY SCHEDULE for your child.. If your child is only attending on occasion we ask that you provide the classroom teacher and After Care with a note regarding your child's attendance for that day.

Homework/Quiet Time

During homework/quiet time we are happy to assist the children if there is difficulty with homework, but we cannot spend a significant amount of time helping one child due to the amount of children in the program. Please note: the After Care Program is not meant to be a tutoring service. We will closely monitor K-2nd grade students as they complete their homework. **It is expected** that students 3rd grade and above will complete their homework independently, unless the need for assistance arises. ALL children will work on homework assignments, UNLESS you tell us otherwise. Students may not return to their classrooms for forgotten items during aftercare hours.

Behavior

At the After Care Program students are expected to behave as they would in school, as each child and parents have signed and returned the behavior/discipline guideline policy to the school office.

Sign Out

To assist in the billing procedures it is important that you properly sign your child out.

Billing

The rates for the After Care program are \$14.00 per child per hour and \$7.00 per child per half hour. Billing will ONLY be done in these increments. If you arrive any time after the hour or half hour, you will be billed for the next half hour; there will be no exceptions. Billing is done monthly by the Business Office. We are unable to answer any billing questions at After Care. Please address all billing questions to Amy Shoenthal in the Business Office, 662-9339, ext. 125. After Care hours are 2:30-6:00 P.M.

By signing below you are indicating that you have read and will abide by the After Care Policies and Procedures above.

Family Name

Date ____/____/____

Parent /Guardian Signature



After Care Program Registration Form

Name of child: _____
Date of Birth: _____ Age: _____ Male Female
Child's grade: _____ Teacher's name: _____

Circle days After School Care is needed: M T W Th F
Occasionally/will vary

Approximate departure time of child: _____

Does your child have any allergies? Yes NO

If so, please specify:

Name of pediatrician: _____

Address: _____ Phone: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Emergency contact:

Name: _____

Relationship: _____

Phone: _____

I agree that in the case of an accident or an injury, emergency medical care may be given in the event that I or the person(s) designated above cannot be reached. Emergency transportation will be provided by an ambulance.

Parent or guardian signature

Date

