

## ST. BARBARA AFTER CARE PROGRAM 2019-2020

The Aftercare Program at St. Barbara School is from **2:45pm – 5:30pm** in the school.

Registration is required for your child to attend the program. **A \$10.00 per family non-refundable registration fee is required of any family wishing to enroll in the program whether on a daily or occasional basis.**

Each time your child will be attending you need to send a note to the teacher of your child(ren) letting them know that your child(ren) will be attending that day if not a regular.

An Emergency Medical Form must be completed for your child(ren). Please return the medical form with the registration fee prior to or during Open House, August 18. (If your child attends Morning Care also only one medical information form is required for both)

St. Barbara Aftercare is a program designed for your child to have a safe and enjoyable experience after school until you get off from work and can pick them up. The Afternoon consists of indoor and outdoor play (weather permitting). **We ask that each family provide a common snack each month to share with all the children.** (Even though Aftercare is a much more relaxed environment, children must follow the same rules and behavior expected during school hours. The Aftercare Program is a service provided to care for your child(ren) while you are at work.) ***Please do not use this time to run errands, etc.***

### HOURLY RATE:

	1 CHILD	2 CHILDREN	3 CHILDREN
2:45 – 3:45	\$4.00	\$7.00	\$9.00
3:45 – 4:15	\$6.00	\$11.00	\$16.00
4:15 – 4:45	\$8.00	\$15.00	\$21.00
4:45 – 5:15	\$10.00	\$19.00	\$28.00
5:15 – 5:30	\$12.00	\$23.00	\$35.00

A \$20.00 late pick up fee (per 10 minute increments starting at the 5:30pm time) will be charged for any child pick up **after 5:30pm.**

If you have any questions, please call the school at 330-833-9510.

**AFTERCARE REGISTRATION and  
PAYMENT INFORMATION 2019-2020**

**An authorized person (with ID) picking up child must sign the child out each day.**

Payment information: Payment envelopes will be sent home weekly on Monday and must be returned by the following Friday.

Checks are accepted and should be made out to St. Barbara School. There will be a \$30.00 fee for any checks returned NSF.

If you have any questions, please call: 330-833-9510 school

In consideration of the child being allowed to participate in Aftercare, my spouse and myself or guardian, hereby assume all risks in connection with the Aftercare and I further release the Bishop of Youngstown, the Roman Catholic Diocese of Youngstown, St. Barbara Parish, and the pastoral staff, employees and volunteers, thereof from all claims, judgment, liability from injury or damage that the child or his/her estate, myself or my spouse, or guardian ever had, now has or may have due to the child's participation in Aftercare, including all risks connected therewith whether foreseen or unforeseen.

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**AFTERCARE REGISTRATION**

Child(ren) Name(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Enclosed is the registration fee of \_\_\_\_\_ \$10.00 per family per year

Authorized persons to pick up child(ren) \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## MORNINGCARE/AFTERCARE MEDICAL INFORMATION 2019-2020

Child(ren) Name(s) \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

**Mother's/Guardian Name** \_\_\_\_\_

Place of Employment \_\_\_\_\_

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

**Father's Name** \_\_\_\_\_

Place of Employment \_\_\_\_\_

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

Name, Relationship to child & Phone # of Person to contact for emergency:  
\_\_\_\_\_

Other persons authorized to pick up your child(ren) (with ID please):  
\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

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

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Medical Conditions we should be aware of: \_\_\_\_\_

Any Medications: \_\_\_\_\_

Any Allergies (food, bee stings, etc.) \_\_\_\_\_

Comments:

If over the counter medication is required, please complete the attached form.  
(example: Tylenol for headaches)

**MORING CARE/AFTERCARE - ST. BARBARA SCHOOL 2019-2020  
NON-PRESCRIPTION (OVER THE COUNTER) MEDICATION**

To the parent:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE NON-PRESCRIBED MEDICATION AT SCHOOL (All spaces must be completed).

Name of Student \_\_\_\_\_ Grade: \_\_\_\_\_

A. \_\_\_\_\_ I am requesting permission for my child named above to receive the following over-the-counter medication(s):

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

B. I will assume responsibility for safe delivery of the medication to school and will pick up medication when child is done using.

C. I will notify the school immediately if there is any change in the use of the medication.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Any medication not picked up by parent by end of school year will be discarded without further notice.**

**Please note: You are responsible for supplying the school with any medication you have listed above. The school has no stock medications for students.**