



## St. Joan of Arc School Extended Care Program Information

St. Joan of Arc School provides families with supervised extended care programs during the school year. Program hours are subject to change if school hours change

The Before School Program (B.S.P.) is in the school hall every day school is in session. Children may attend any time from 7:00 am until 8:15 am. At that time, the children are brought outside until the bell rings. If weather is unfavorable, the students will remain inside until the bell rings. If your child is in Pre-K or Kinder, please walk them into the school hall.

The After School Program (A.S.P.) runs every day with the exception of early dismissal. The program starts at dismissal until 5:00 pm. Students meet in the school cafeteria for attendance and snack. Weather permitting, the program will be held outside. In very cold or inclement weather, students will stay indoors. Homework Room is available Monday-Thursday until 4:00 pm. A.S.P. is also available to students participating in After School Enrichment Clubs. Upon arrival from the club, students must check in with the staff.

**Registration:** Registration is required every year for both programs. Families can register anytime during the school year. Application forms are available in the main office or can be downloaded from the Parent tab on the school website. Forms must be submitted in original form. No emails, faxes or scanned forms.

**Program Fees:**     **B.S.P.:** \$3.00 flat fee per child per day. Prepay for the school year and save!

**A.S.P.:** \$5.00 per child per hour or \$2.50 per child per half hour increments. There is a half hour minimum charge.

**A.S.P. Late Pickup Fee:** \$5.00 per every 5 minutes per child. After 15 minutes, your emergency contact person will be called and will be asked to pick up your child/children. In the event of an emergency, parents are asked to call the program's cell phone 530-5810.

**Billing/Payment:** Invoices will be sent home at the beginning of each month. Payment is due 10 days after billing date. Preferred payment is check or money order. Check payments should be sent to school monthly with child to give to his/her homeroom teacher. Daily billing and payment is not available. Extended Care staff cannot accept

any payments. If paying by cash, parent must pay in person in the main office and a receipt will be provided. **Cash payments will not be accepted from students.** If using both programs, please make out separate checks payable to SJA School. In the memo section indicate Before School or After School Program.

**Arrears:** If your account is 15 days in arrears, participation in the programs is terminated until the accounts are paid. If student stays on an unauthorized day, the emergency contact will be contacted for pickup. If the contact cannot be reached, parents must pick up child/children from the Principal's Office. Families will be billed for that time.

**A.S.P. Snack/Change of Clothes:** A free snack is provided to students by the Sodexo food program. If your child prefers to bring a snack, please pack an easy to eat snack and a non-carbonated drink from home. Soda is not allowed. Children may bring a change of clothes.

**A.S.P. Homework Room:** Homework room is available Monday-Thursday until 4:00 pm. If you wish for your child/children to use the Homework room, please indicate on your registration form.

**A.S.P. Phone:** A.S.P. families can reach staff during the hours of 2:38 pm-5:00 pm at 530-5810.

**A.S.P. Pick Up Procedures:** All students must be signed out by parent or designated person. Picture ID is required for pickup. After 3:00 pm, please use the Cafeteria door located in the Trilby Street school yard for student pickup. A doorbell is located on the upper left hand side of the door. This entrance is monitored by the school security system.

## **St. Joan of Arc School After School Program Guidelines and Procedures Agreement**

The St. Joan of Arc School After School Program (A.S.P.) provides families with an affordable, safe, and caring after school environment for their children. It is our goal to foster the social, emotional, physical and intellectual needs of all children while allowing for independence and creativity. SJA will provide structure using guidelines and procedures that clearly communicate boundaries and expectations through the use of positive guidance methods, encouraging and supporting cooperative solutions.

### **STUDENT**

Any child violating the guidelines and procedures will be given a disciplinary warning. If necessary parents will be contacted. **Any child receiving three disciplinary warnings will be dismissed from the program.**

- No child is to leave the supervision of the staff without permission
- No foul language or profanity will be tolerated
- No biting, pinching, hitting, kicking, or bodily harm of any kind to another individual will be allowed.
- Running in the halls is not permitted
- Each child is expected to clean up any and all games, toys, or equipment they were using before they leave the building.
- No cell phone use. Toys or games from home are discouraged.
- Disrespectful behavior toward the staff will not be tolerated.
- Vandalism of school or private property is not tolerated.
- Everyone is to be spoken to and treated with respect.
- Threats of violence either written or verbal against individuals or the school may result in dismissal from the A.S.P.

### **PARENT/GUARDIAN**

- I agree to pay to pay the cost of the A.S.P. which will be determined by the number of days my child is in the program as well as what time he/she is picked up.
- I agree to pick up my child by 5:00 pm. or provide alternative arrangements for picking up my child if I am not available. In the event my child is not picked up by 5:00 pm, I understand that I will be charged an additional late fee of \$5.00 per every 5 minutes per child. I understand that after 15 minutes, an emergency contact will be called and asked to pick up my child.
- I agree if I cannot personally pick up my child, I will send in a note authorizing a different person to pick up my child.
- In the event of injury while participating in the A.S.P., I understand that St. Joan of Arc School and its staff are not to be held liable for any injury incurred by my child.
- I give permission to the staff on duty to have my child treated in the event of an emergency. The staff will attempt to call me before treatment is administered when possible.
- I understand that in the event of continued late payment, late pick-up or repeated misbehavior, the St. Joan of Arc School A.S.P. reserves the right to remove my child from the program.
- I understand that payment is due 10 days from the billing date. I understand if my account is 15 days in arrears, participation in the program is terminated until account is paid in full. If my child is left at school on an unauthorized day, the emergency contact will be contacted for pickup. If contact, cannot be reached, I understand that I must pick up my child from the Principal's Office. Families will be billed for this time.
- I understand that if my child is in 8<sup>th</sup> grade and the A.S.P bill is not paid in full, my child will not be allowed to participate in graduation activities and ceremonies.

.....  
I, \_\_\_\_\_, agree that my child/children, \_\_\_\_\_, and I understand these rules and will abide by them while using the After School Program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student(s) Signature

\_\_\_\_\_  
Date

**ST. JOAN OF ARC SCHOOL**

**BEFORE SCHOOL PROGRAM  
REGISTRATION FORM**

Please complete form. **Prepay and save!** If you would like to pay for the entire year in advance, there will be a discount given. The price for the year is \$540.00. If you make full payment by September 8th, your cost will be \$486.00 per student.

Please be advised that families who have an outstanding balance from the previous school year **will not** be allowed to enroll their children in the Before School Program until balance is paid in full. Thank you!

**Registration Information:**

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

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Mother's Address Town Home Phone

\_\_\_\_\_ Father's Address Town Home Phone

Please check off the day(s) your child(ren) will attend. B.S.P begins at 7:00 am-8:15 am.

Days: Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ As Needed \_\_\_

**Prepay and Save Discount:** \_\_\_\_\_ Yes Check # \_\_\_\_\_

- The Before School Program is available every day that school is in session.
- It is held in the school hall unless otherwise indicated by a staff member.
- If your child is in Pre-School or Kindergarten, please walk into the school with him/her.
- Students can be dropped off any time **after 7:00am**. At 8:15am, the students will be taken outside for a 15 minute long recess prior to the beginning of the day. If the weather is unfavorable, the students will remain in the school hall until the bell rings to start the school day.
- The rate for the program is \$3.00 per day, per child.
- I understand that payment is due 10 days from the billing date. I understand daily billing and payments are not available. I will pay monthly with a check or money order made payable to SJA. Cash payments will be made by a parent in the main office between 8:00 am-8:30 am.. A receipt will be provided. I understand if my account is 15 days in arrears, participation in the program is terminated until account is paid in full.
- I understand that if my child is in 8<sup>th</sup> grade and the B.S.P bill is not paid in full, my child will not be allowed to participate in graduation activities and ceremonies.

**ST. JOAN OF ARC SCHOOL  
AFTER SCHOOL PROGRAM REGISTRATION FORM**

Please complete both forms. Please be advised that families who have an outstanding balance from the previous school year **will not** be allowed to enroll their children in the After School Program until balance is paid in full. Thank you!

**Registration Information:**

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

\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Mother's Address \_\_\_\_\_ Town \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Address \_\_\_\_\_ Town \_\_\_\_\_ Home Phone \_\_\_\_\_

Please check off the day(s) your child(ren) will attend and approximate pickup time. Program starts at school dismissal and ends at 5:00 pm.

Days: Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ As Needed \_\_\_

Pick Up: Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ As Needed \_\_\_

**Names Of Persons Authorized To Pick Up Student(s)** Photo ID Required

\_\_\_\_\_  
Name Relationship to Student Phone #(s)

\_\_\_\_\_  
Name Relationship to Student Phone #(s)

\_\_\_\_\_  
Name Relationship to Student Phone #(s)

\_\_\_\_\_  
Name Relationship to Student Phone #(s)

**Homework Room:** Available Monday-Thursday until 4:00 pm. Please select one of the options below. **If your selection changes during the year, please notify school in writing.**

\_\_\_\_\_ My child(ren) may choose whether to do homework.

\_\_\_\_\_ My child(ren) must complete as much of his/her homework.

\_\_\_\_\_ My child should not do homework.

**AFTER SCHOOL PROGRAM  
EMERGENCY CONTACT FORM**

Please provide the name of two people who may be contacted in case of emergency or illness. These contacts will also be contacted in the event of late pickup (5:15 pm). These contacts should live in the vicinity of the school and be able to be contacted during the hours of the program. Photo ID required.

\_\_\_\_\_  
Name (Other than parent) Relationship to Student Phone #(s)

\_\_\_\_\_  
Name (Other than parent) Relationship to Student Phone #(s)

**EMERGENCY MEDICAL INFORMATION**

In the event of injury while participating in the A.S.P., I understand that St. Joan of Arc School and its staff are not to be held liable for any injury incurred by my child.

I give permission to the staff on duty to have my child treated in the event of an emergency. The staff will attempt to call me before treatment is administered when possible

**ALLERGIES/OTHER :**

Child's name and info: \_\_\_\_\_

Child's name and info: \_\_\_\_\_

Child's name and info: \_\_\_\_\_

Child's name and info: \_\_\_\_\_

**Hospital Emergency Room:**

Preferred Hospital Emergency Room: \_\_\_\_\_

All medical expenses shall be the parents' responsibility

**Primary Doctor:**

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

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