



ST. MARY MAGDALENE CATHOLIC SCHOOL

Before and After School Program (B&ASP)

2016 – 2017

The mission of St. Mary Magdalene Catholic School's Before and After School Program (B&ASP) is to provide a safe, caring environment where respect for Christian values is evident. The well-being of each student is a priority. We provide a well-planned atmosphere which is productive without being intense. The program addresses the student's need for recreation and relaxation, as well as the opportunity to complete homework and required reading to succeed in their studies. A structured format with scheduled activities responds to these needs. The schedule may include, but is not limited to:

- Homework time
- Nutrition
- Rest
- Organized games
- Outdoor recreation (weather permitting)
- Arts and crafts

The B&ASP is available only to registered students of St. Mary Magdalene Catholic School.

Since the B&ASP is an extension of the school day, students are expected to abide by the school's rules. If a student displays inappropriate behavior, the following consequences may be implemented:

- Level 1 – Conference with the parent at pick up time
- Level 2 – Referral to the Principal
- Level 3 – Suspension from the B&ASP

All families are required to complete the Registration Form before school begins. When you use this program, the registration fees will be added to your FACTS account. The fees are \$30 for the first student, \$20 for the second student and \$10 for each additional student per family (non-refundable).

Morning Program: 6:30 A.M. to 7:40 A.M. on all school days unless otherwise specified. Breakfast is available until 7:15 A.M.

Afternoon Program: School dismissal to 6:30 P.M.

ALL CHILDREN MUST BE PICKED UP BY 6:30 P.M. A \$1 per minute fee per child must be paid at the time of pick up for any child picked up after 6:30 P.M.

Our rates are:

BEFORE SCHOOL	AFTER SCHOOL	
<u>6:30 – 7:40 A.M.</u> \$7 per day per child	<u>2:00/3:20 Dismissal</u> <u>– 4:30 P.M.</u> \$8 per day per child	<u>2:00/3:20 Dismissal</u> <u>– 6:30 P.M.</u> 1 st child - \$13 per day Additional Children - \$12 per day per child
NOON DISMISSAL DAY CHARGES		
NOTE: Requires 2 day notice to Mrs. Brown via email		
	<u>Noon Dismissal – 1:15 P.M.</u> \$8 per day per child	<u>Noon Dismissal – 6:30 P.M.</u> \$25 per day per child

PLEASE NOTE: For your student to participate in the After School Program on **Noon dismissal** days, you **MUST** make reservations with Mrs. Brown via email (cbrown@smmcs.org) a minimum of **2 (two) days prior** to the Noon dismissal day. **B&ASP will not be available on noon dismissals before the Thanksgiving and Christmas breaks, nor on the last day of school.**

NO EXCEPTIONS WILL BE MADE.

School doors close promptly 15 minutes after school is dismissed. If you have not picked up your child(ren) when the doors close, your child(ren) will immediately be logged into the B&ASP. **No exceptions.**

Charges will be added to each student's school invoice in FACTS on the 1st of the month for any time spent in our B&ASP the prior month. Payments must be made through FACTS.

PLEASE FILL OUT BOTH SIDES OF THE ATTACHED FORM AND RETURN IT TO THE SCHOOL OFFICE BY THE FIRST DAY OF SCHOOL (AUG 10TH).

Thank you for the opportunity to serve you and your child.

Joshua Raab
Principal
jraab@smmcs.org

Cathy Brown
Director, Before & After School Program
cbrown@smmcs.org



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Before and After School Program (B&ASP)

Registration and Medical Form

Father: _____ Phone _____ Email _____

Mother: _____ Phone _____ Email _____

Address: _____ Zip: _____

Student's Name: _____ Grade: ____ DOB _____

Allergic to the following **Medication:** _____ **Food** _____ **Other** _____

Student's Name: _____ Grade: ____ DOB _____

Allergic to the following **Medication:** _____ **Food** _____ **Other** _____

Student's Name: _____ Grade: ____ DOB _____

Allergic to the following **Medication:** _____ **Food** _____ **Other** _____

Student's Name: _____ Grade: ____ DOB _____

Allergic to the following **Medication:** _____ **Food** _____ **Other** _____

Medical Information

The Before and After School Program staff will not administer any prescription or non-prescription drugs for any reason. Please notify the school nurse if your child is ill with a communicable disease.

Physician: _____ Phone: _____

Insurance: _____ Phone: _____

Primary on Insurance: _____ ID#: _____

In the event of illness or injury to my child, which in the judgment of the St. Mary Magdalene Catholic School staff requires emergency treatment, Humble EMS will be called. The EMS will determine if my child is to be transferred to a hospital emergency room.

I hereby release the St. Mary Magdalene Before and After School Program from any claim arising out of the doctor's actions.

Parent/Guardian Signature Date

Emergency Contact other than parent: _____ Phone: _____

Emergency Contact other than parent: _____ Phone: _____

Any change to the Emergency Contacts must be made in writing to the School Office.



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PARENT CONTRACT

In consideration of my child(ren)'s participation in the Before and After School Program, I agree to the following:

1. I agree to pay an annual, non-refundable registration fee for each child (**\$30** for the first child/**\$20** for the second child/**\$10** for each additional child per family).
2. I agree to pay the cost of the B&ASP, according to the hours I utilize, through FACTS.
3. I agree I will pick up my child(ren) by 6:30 P.M. I understand that in the event my child is not picked up by 6:30 P.M., in addition to the charges for that day, a fee of \$1 per minute per child will be assessed. This late fee must be paid at the time of pick up. After 6:45 P.M., my emergency contact will be called.
4. I agree my child will always be picked up by a pre-authorized person.
5. In the event of an emergency, I give permission to the B&ASP staff to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to any emergency medical treatment.
6. I understand that in the event of late payment, late pick up of my child, or for any other good cause, the St. Mary Magdalene Catholic School administrator or his/her delegate reserved the right to remove my child from the B&ASP.
7. I understand the B&ASP is an extension of the school and all school rules/policies apply.
8. A quiet study or homework time is scheduled daily. It is the child's responsibility to use this time wisely. If a student does not have homework, he/she is expected to have a book to read and to maintain quiet during study or homework time. Students may not return to the classroom for forgotten items.
9. The main location for the B&ASP is the Family Life Center (FLC). When unexpected events occur, the B&ASP may be relocated to another part of the campus. We will notify parents through email, newsletter and/or a sign posted outside the FLC.
10. **I understand final report cards and all records will be withheld due to unpaid financial obligations to the school.**

Parent/Guardian Signature _____ Date _____

People other than myself who are authorized to check my student(s) out of the After School Program:

Name _____ Cell _____

Name _____ Cell _____

Name _____ Cell _____

Name _____ Cell _____