



Excellent Minds. Exceptional Hearts.

St. James School Aftercare Program

The St. James School Aftercare Program operates in the school cafeteria daily from 2:30 – 6:00 pm and on early dismissal days from 11:30 am – 6:00pm. The program can be used on an as-needed basis by sending a note with your child informing the school office that your child will participate in the program on a particular day.

Supervision is provided by Mrs. Lynda Reilsono, Mrs. Cheryl Jamis and Mrs. Denise Vular.

The focus of the Aftercare program is to provide a safe environment for our students during after school hours until parent pick up. We strive to provide a balance of academic, physical and social activities.

Each child will need to bring their own snack, appropriate for the duration of their stay. Please send a lunch with a drink on early dismissal days because the cafeteria will be closed.

You may also send play clothes for your child including gym shoes.

PLEASE NOTE:

- If a child's ride is delayed after school or after an organized program, they will be sent to the Aftercare program.
- If an afterschool activity or music lesson has a delayed start time, students will be sent to the Aftercare program until the start of the activity.
- Students are occasionally signed out from the gym due to shared use of the cafeteria for parish/group activities and a sign will be posted on the cafeteria door stating so.

AFTERCARE FEE STRUCTURE

Registration Fee - \$10.00 per family per year

Hourly Rate - \$4.25 per hour per child. Note that a \$10.00 late fee per 15 minutes will be charged if your child is not picked up by 6:00 PM closing time.

Payment: Please make checks payable to *St. James School*

You will be billed every 2 weeks (or 3 due to the school schedule). Look for your bill in the **Wednesday Folder**. Payments are due that Friday.

Thank you kindly.



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STUDENT NAME: _____ **GRADE:** _____

ESTIMATED USE: _____ (Circle likely days)

_____	_____	_____ # Hours/day	_____ # Days/week M/T/W/TH/F
_____	_____	_____ # Hours/day	_____ # Days/week M/T/W/TH/F
_____	_____	_____ # Hours/day	_____ # Days/week M/T/W/TH/F
_____	_____	_____ # Hours/day	_____ # Days/week M/T/W/TH/F
_____	_____	_____ # Hours/day	_____ # Days/week M/T/W/TH/F

Emergency/Authorized Pick-Up - Including yourself, please fill in any individuals you authorize to pick up your child and who can be contacted in case of an emergency. List all numbers where the person can be contacted (work/home/cell). Children will only be released to these individuals. Please inform the authorized persons to be prepared to show identification.

Parent/Guardian: _____	Phone Number(s): _____
Parent/Guardian: _____	Phone Number(s): _____
Name of Adult: _____	Phone Number(s): _____
Name of Adult: _____	Phone Number(s): _____

Please list any medical / other conditions or concerns that the staff should be aware of:
