

St. Benedict Catholic School Before-After Care Program

13633 Rockside Road

Garfield Heights, Ohio 44125

Phone: (216) 662-9380 Fax: (216) 662-3137

January 2018

Dear St. Benedict Families:

We're pleased to inform you that our Before and After Care Program is returning and available to students in grades 1-8. The program runs from 6:30-7:45 AM and from 2:40-6:00 PM and follows the school calendar. It will begin on **Monday, August 27, 2018**. This service has proven to be valuable to our parents who need child care during the working hours.

We continue to make every effort to keep the cost affordable in order to provide this service to our families. Your prompt payment is expected in order to keep this program running and to meet our weekly expenses.

Fees for the 2017-2018 school year will be as follows:

BEFORE CARE

\$3.50* FLAT RATE per child

AFTER CARE

\$3.50* per HOUR per child

***Cost subject to change**

A late fee of \$5.00 will be charged for pickup after 6:00 PM closing time payable that evening.

If you are in need of the Before and/or After School Care Program for the 2018-2019 school year, please complete the appropriate attached registration forms and include the \$10.00 fee per child. Return all forms and fees to school in person or in an envelope marked SBCS Before/After School Care Program.

If you are registering for both programs you need only to pay one registration fee of \$10.00. All forms must be completed and all fees must be paid before your child/children can attend Before Care or After Care. We look forward to taking care of your child/children during this school year.

Sincerely,

Mrs. Lisa Oriti
Principal

St. Benedict Catholic School Before-After Care Program
13633 Rockside Road
Garfield Heights, Ohio 44125

BEFORE-AFTER CARE PROGRAM REGISTRATION

Please include \$10.00 Registration Fee per child with this packet. This fee is non-refundable. If registering for both programs, only a one-time fee of \$10.00 per child is required.

(Please Check):

_____ Both _____ *Only Before Care* _____ *Only After Care*

Child's Name (First and Last)	Medical Concerns (Asthma, Diabetes, allergies)	Gender	Age	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If registering for Before Care - days attending on a regular basis (Please Check)

_____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.

If registering for After Care - days attending on a regular basis (Please Check)

_____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.

If you plan to use this service on an occasional basis, please indicate how often you will use this service.

_____ once a week _____ twice a week _____ three times a week

_____ a couple of times per month _____ as an emergency back-up

PLEASE NOTE: For legal purposes all students must be registered whether attending regularly or occasionally.

Registration Continued:
Fee Payment Agreement

Family's Last Name _____

Before Care Fees: \$3.50* FLAT RATE per child
After Care Fees: \$3.50* per HOUR per child

*Cost subject to change

Payment Plan:

Parents must make a deposit of at least \$20.00 or more into their Care Account. The cost for a student attending Before Care is a flat rate of \$3.00* regardless of the time of arrival and if going to breakfast. For every hour the child attends After Care, \$3.00* will be deducted from the account. A monthly statement of account will be sent home on the 15th and the 30th of each month. Payments (cash, checks, and/or money orders) may be given to the school office or sent to school with your child in an envelope marked Before/After School Care Program. We do not accept post-dated checks. **DO NOT GIVE PAYMENTS TO BEFORE/AFTER SCHOOL CARE STAFF.**

**Please Note: Do not include any other payments with this amount. Checks should be made payable to: St. Benedict Before/After School Care.

After Care Late Fee Charge:

A late fee of \$5.00 will be incurred for anyone who picks up child/children after 6:00 PM.

Fee Payment Agreement for Before/After Care Program:

I understand and agree to pay my child/children's care fees. I am aware that these fees are due on the last day that my child/children attend for that week. I also agree to pay any late fees on the day a late pick-up should occur. **I also understand that if the account exceeds \$100 or more per child, my child/children may be withdrawn from the program.**

Parent/Guardian's Signature _____ Date _____

Registration Continued:
Parent Information

Child(ren)'s First and Last Name _____

Mother's Name _____

Home Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Father's Name _____

Home Address _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

If parent(s)/guardian(s) cannot be reached in the event of an emergency, please contact:

Name	Phone	Relationship

Complete the following section if registering for After Care:

The following person(s) have my authorization to pick-up my child/children:

Name of Adult	Phone	Relationship

The Staff will have a sign-out sheet that must be signed by the parent or designated adult each day prior to the child's dismissal. Please note that the designated adult may be asked for picture identification.

I understand that the above name(s) is/are the only person(s) designated to pick-up my child/children. In the event that another person is going to pick up my child/children, at any time, I will notify the school office prior to pick-up time.

Parent/Guardian's Signature: _____ Date: _____