

Welcome to Aftercare!

We are excited to have you join us this year. Aftercare is available for Pre-K through Grade 8 Monday – Friday from dismissal to 5:30pm, and is staffed by Immacolata teachers. A snack is provided for each child, along with homework supervision and time to play outside (weather permitting) or in the gym.

Aftercare Phone Number (monitored 3:10 pm - 5:30 pm Monday - Friday): 314-944-3939

Aftercare Email: immac.aftercare@gmail.com

School Office (Mrs. Kim Gaskell)

Phone Number: 314-991-5700

Email: kgaskell@immacolata.org

Enrollment Information:

- Please submit enrollment form by **August 1, 2024**
- Daily Rate: \$17.50 per child
 - \$3,045 per child for the 2023-2024 school year (174 days @\$17.50 per day)
 - \$338.33 Monthly (Due the 1st of each month, September through May)
 - \$761.25 Quarterly (Due September 1, November 1, January 1 and April 1)
- **Late Fee:** A fee of \$5.00 per minute will be assessed if pick-up is after 5:30 PM
- All aftercare students will follow the same expectations listed in the Immacolata Handbook.

Program Description:

Time: Dismissal until 5:30pm

Pick-Up: Parents call the Aftercare phone number and staff will bring your child outside to you.

Snacks: All snacks are peanut / nut free.

Homework Supervision: 3:30 PM – 4:00 PM students will be supervised by Aftercare staff while doing homework.

Activities:

- PreK: Snack, coloring, gym / playground, movie
- Grades K-8: Snack, homework, gym/ playground, movie

Aftercare Policies:

- **No Aftercare Days** – Half-Days, Parent/Teacher Conferences, Christmas Program, School Holidays, Snow days.
- **Emergency Situations** – When after school activities have been canceled or students are unable to stay in the building, Aftercare will only be open until 4:30pm for parent pick-up. (Situations such as water main break, loss of power, etc) Aftercare staff will make calls immediately to notify parents of the early pick-up time.
- **Inclement Weather** – In the case of severe weather staff will notify parents and stay until all children can be safely picked-up.
- **Dietary Restrictions** – All snacks are peanut / nut free; parents must communicate any dietary needs for their students to Aftercare staff. If we are unable to supply snacks that meet those needs, parents will need to provide snacks for the child.
- **Change to Verified Person(s) who Picks-Up Child** – Parents need to email or call the school office (Kim Gaskell) to let us know there is a change to the person picking up their child. Aftercare staff needs the name of the verified person to be able to release the child to them.
- **Playground Pick-Up** – If parents arrive and the child wants to stay to play, Aftercare staff will have the student pack-up their things and then release the child to their parents. Parents need to park their car and personally supervise their child on the playground.
- Any change to the original Aftercare Enrollment form, such as a change to the number of days the child will attend Aftercare, or billing issues, must be directed to Kim Gaskell in the school office.

Revised 4/23//2024

Immacolata After-School Child Care Program Enrollment Form

Please Return Enrollment Form by August 1st

Child's (Children's) Name(s)

Date of Birth (s)

Childs' Primary Home Address (Street, City, State, Zip)

Home Phone

Guardian with whom child primarily resides

Mother's or Guardian's Name

Home Address (if different) (Street, City, State, Zip)

Home Phone

Employed By

Hours of Employment

Business Phone with Extension

Email Address

Cell Phone

Father's or Guardian's Name

Home Address (if different) (Street, City, State, Zip)

Home Phone

Employed By

Hours of Employment

Business Phone with Extension

Email Address

Cell Phone

Emergency Contacts and Authorized Persons to Pick Up Child

LIST AT LEAST TWO CONTACTS (not including parents listed above) authorized to be notified if parent cannot be reached due to a medical emergency, or if the child is left at the school beyond program hours. Provide two persons authorized to take your child from the program.

(1) Name

Relationship to Child

Address (Street, City, State, Zip)

Telephone during Program Hours

(2) Name

Relationship to Child

Address (Street, City, State, Zip)

Telephone during Program Hours

(3) Name

Relationship to Child

Address (Street, City, State, Zip)

Telephone during Program Hours

OVER

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Immacolata School Staff to Contact:

**NOTE: Immacolata School DOES NOT provide accident insurance for your child.
This will be the responsibility of the parent or guardian.**

Doctor/Clinic Name

Address (Street, City, State, Zip)

Phone

Preferred Hospital - unless determined by Medical Personnel

Insurance Name

Group #

Policy #

Medical information will be supplied by the School Office

Does your child suffer from any chronic /severe health conditions or allergies? () No () Yes If Yes, explain:

Program Fees Payment Plan

**CHECK ONE: () \$338.33 Monthly or () \$761.25 Quarterly (Due on Sept 1, Nov 1, Jan 1, Apr 1)
Payments made after the 5th must include a \$25.00 late fee**

A \$5.00 per minute per child late pick up fee is assessed after 5:30 pm (Paid at pick up or you will be billed)

I / We understand the program's terms and agree to be responsible for payment of program fees.

Mother's or Legal Guardian's Signature

Date

Father's or Legal Guardians Signature

Date

() Copy made for the After Care Emergency Contact Binder

Rev 06/14/2024