



ST. DOMINIC CARES

ST. DOMINIC ELEMENTARY SCHOOL AFTER SCHOOL PROGRAM

St. Dominic After School Program is a service to our students and their parents which provides well-supervised, after-school activities for children in grades K through 8. The program focuses on creative play, physical activity, and homework time. The goal is to alleviate the pressure of single parents, or of both parents working outside the home.

ACTIVITIES: The program, which is coordinated, supervised, and presented by qualified personnel, provides a variety of activities. The children can do puzzles, or play quiet games. A period of physical activity will be provided in the schoolyard. Other planned activities, such as arts and crafts, or a special activity will also be provided. A nutritious snack will be served everyday to add to their comfort and enjoyment. Our emphasis is on safety, fun, and friendship.

BEHAVIOR: Appropriate behavior is essential for the safety and well-being of all the children. If the behavior code is not followed, parents will be notified, and dismissal from the program may follow.

PROCEDURES: The program will be in operation on the days school is normally in session, including early dismissal days (with the exception of the last day of school before Thanksgiving, Christmas, Easter, and the half days of school in June), from dismissal until 5:30 p.m. **CHILDREN MUST BE PICKED UP NO LATER THAN 5:30 P.M.** It will not operate on school holidays or during vacation. Any number of days per week can be chosen, but it is expected that students will attend on a regular basis. The opportunity to switch days within a week from time to time may be available depending on space. The cost of the program is very minimal. **THIS AMOUNT INCLUDES SEPTEMBER THROUGH JUNE, WITH NO DISCOUNTS GIVEN FOR SHORTENED MONTHS, SCHOOL CLOSINGS, ETC.**

	<u>1 Child</u>	<u>2 Children</u>	<u>3 Children</u>
1 day per week	\$80/month	\$130/month	\$190/month
2 days per week	\$140/month	\$250/month	\$250/month
3 days per week	\$200/month	\$370/month	\$370/month
4 days per week	\$260/month	\$490/month	\$550/month
5 days per week	\$320/month	\$610/month	\$910/month

Ten equal monthly payments are due on the first day of each month. Children may not begin a new month unless payment is up-to-date. An annual non-refundable registration fee of \$25.00 per family is required. Refunds of monthly payments cannot be given for isolated absence, but will be given on the fifth day of consecutive absence due to illness. Two weeks written notice must be given if you intend to withdraw your child from the program.

REGISTRATION FORM Please complete the Registration Form, **enclose the \$25.00 non-refundable fee**, and return it to the elementary school office. Make checks payable to St. Dominic Elementary School Aftercare.

Child's Name: _____ Grade _____

Program days requested (circle) Monday Tuesday Wednesday Thursday Friday

ST. DOMINIC CARES EMERGENCY CONTACTS

Please complete this form to enable us to care for your child in an emergency situation. It is your responsibility to advise us of any changes IMMEDIATELY. Your child's health and safety are up most in our minds but we need and expect your full cooperation.

Child's/Children's
Name(s): _____

Address: _____

Mother's Name: _____

Home Phone No. _____

Work Phone No. _____

Cell Phone No. _____

Email _____ @ _____

Father's Name: _____

Home Phone No. _____

Work Phone No. _____

Cell Phone No. _____

If you wish, please list the name of a family either in the St. Dominic Cares Program or a St. Dominic School family (who you have already spoken to) who has your permission to pick up your child in case of cancellation or early dismissal of the St. Dominic Cares Program.

Family Name: _____

Phone No. _____

AUTHORIZATION CONSENTING TO MEDICAL TREATMENT FOR MINOR CHILD

I, _____, the parent/guardian of _____

_____, a minor child who was born on _____

and resides at _____ in the county of Nassau in the State of New York, authorize an adult at the St. Dominic Cares Program to seek emergency treatment for my child. Such treatment includes, but is not limited to, examination, x-rays, laboratory tests, medical and surgical treatment, use of medication, anesthetics, sutures, and admission for hospital care, should this be necessary, when efforts to contact me are unsuccessful. It is understood that such care will be given upon the advice of a duly licensed physician or surgeon.

My family doctor is _____. Phone _____

I authorize that you may call him/her in case of an emergency. Any physician acting in his/her place should be advised that my child has the following allergies: _____

Sworn to before me this _____ day of _____, 201_____

Notary Public

Signature of Parent/Guardian