

September 2010

Dear Parents/Guardians:

St. Agnes will again have an EXTENDED CARE PROGRAM. This program has proven to be beneficial to both parents and children. The program is directed by Mrs. Lia Patuto, assisted by an aide, and under the supervision of Mrs. Heather E. Schnaars, Principal.

Mrs. Patuto will be responsible for collecting ALL FEES as per attendance hours and to be sure that ALL are in compliance. Mrs. Heather E. Schnaars, Principal, and Mrs. Irene Messina, Financial Secretary, will serve as a Governing Board. All questions concerning fees and policies should be directed to the principal at (732-381-0850 x1).

Our EXTENDED CARE PROGRAM will begin on Monday, September 13, 2010. The program will operate from September to June from 2:30 – 5:30 pm. If you are interested in our program, **PLEASE REQUEST AN EXTENDED CARE APPLICATION PACKET** (information list, emergency card, and weekly schedule). The SCHEDULE must be returned every MONDAY with the appropriate FEE in an envelope marked "EXTENDED CARE." This system ensures us that all children registered in the program will be received on their assigned days without any confusion.

IMPORTANT NOTE:

Please notify the school of any changes regarding the status of your child's pick-up and/or attendance regarding daily aftercare status.

Sincerely,

Mrs. Heather E. Schnaars
Principal

HS:meb

ST. AGNES EXTENDED CARE PROGRAM

ELIGIBILITY:

All Children from St. Agnes School, grades K-8 are eligible for this program. The director reserves the right to dismiss a child who exhibits uncontrollable behavior, harms another child, displays disrespect for others, defaces property, or is unable to adjust to the program. **If this policy is not followed, the child will be sent to the office and the parent will be called.**

HOURS OF OPERATION:

The program operates from 2:30 pm to 5:30 pm on a full day of school. Children must be picked up promptly at 5:30 pm or there will be a **LATE CHARGE OF \$10.00**. All late fees must be paid in cash before the child is allowed to return to the program the next day.

ATTENDANCE:

Attendance is taken at 2:30 pm upon arrival in the gym. **Older children are not permitted to hang outside, where they are not supervised, and later drift in.**

SNACK:

Child should bring his/her own snack. (Juice, cookies, etc.)

HOMEWORK POLICY:

Under the direction of the Extended Care Assistant, Extended Care will provide daily homework assistance in the Media Center.

ACTIVITIES:

Quiet time will be scheduled for homework and snack. Trained staff that cares for your children will provide each individual with attention, companionship, and the encouragement they need.

CELL PHONES:

Children are **not permitted** to bring cell phones to school or aftercare. There is an aftercare cell phone which a child could use if the Director feels it is necessary.

FEES:

The weekly fee is based on \$5.00 per hour and the number of hours per day the child is attending the program. If you have more than one child attending, the cost is \$5.00 per hour for the first child, \$3.75 per hour for the second, and \$2.50 per hour for the third child. ***Please note that there will be no partial hour fees.***

Weekly forms must be filled in at the beginning of the week and submitted with payment on **MONDAY** for the week. **Unpaid fees will necessitate immediate removal of the child from the program. In case of emergency and you need to put your child in aftercare, payment is expected upon pickup.**

If a check is returned as uncashable, there will be a \$20.00 fee, and all subsequent payments must be on cash basis only.

Payments and weekly schedules should be handed in to the teacher on Monday morning in an envelope marked EXTENDED CARE.

If payment is being made by check, please make it payable to St. Agnes Church, and indicate your child's name on the check.

No deductions or refunds can be made on a weekly schedule except in case of illness or if your child is absent from school on a particular day, our office will make the deductions.

REGISTRATION:

Parents must complete an application/emergency card prior to the child's attendance into the program. No child will be admitted to aftercare if an application is not on file. It is suggested that this be done at the beginning of the year so that in an emergency your child can be sent to aftercare. There is a one-time registration fee of \$10 per family for the use of either program (before care or aftercare).

HEALTH:

As a precaution and in compliance to the State Law, no medicine can be administered by the staff.

PICKING UP CHILDREN:

Written notice must be given if a child is to leave with someone other than who is listed on the emergency card. Staff person on duty will require signing out by all adults picking up children.

PROGRAM CLOSING:

The program will follow the St. Agnes School closings. There can be no exceptions.

**ANY QUESTIONS CONCERNING THE ABOVE PLEASE CALL:
Mrs. Lia Patuto @ 848-467-0334
EXTENDED CARE 732-259-8331 (Cell Phone)**

BEFORE/EXTENDED CARE PROGRAM APPLICATION 2010-2011
(Please Print)

Please indicate which program: After Care Before Care

<u>CHILD/CHILDREN'S NAMES</u>	<u>M/F</u>	<u>DATE OF BIRTH</u>			<u>GRADE</u>
		<u>MONTH</u>	<u>DAY</u>	<u>YEAR</u>	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PARENT'S NAME:

Mother _____ Father _____
First Name Last Name First Name Last Name

Telephone (____) _____ / (____) _____ / _____
Home Phone # Cell Phone # Email

Address _____
Street City Zip

Guardian's Name _____ / (____) _____
First Name Last Name Telephone #

Guardian's Address _____
Street City Zip

Mother's Business _____ / (____) _____
Company Name Telephone #

_____ / _____ / _____ / _____
Street City State Zip

Father's Business _____ / (____) _____
Company Name Telephone #

_____ / _____ / _____ / _____
Street City State Zip

Please check over before signing this form to be sure all information is correct. If there are any changes in the future of your business, home address, telephone (business or home), please notify the school office in writing with these changes. Thank you.

Parent's Signature _____ / _____
Date

BEFORE/EXTENDED CARE EMERGENCY CARD 2010-2011
(Please Print)

Please indicate which program: After Care Before Care

Child's Name _____ M _____ D _____ Y _____
Last First Birth Date

Home Address _____ () _____
Home Telephone # _____

In the event of illness or injury please contact one of the following people. They are also authorized to release my child from the center.

- | | | | | |
|----|-------|---------|-------------|--------------|
| 1. | _____ | _____ | _____ | _____ |
| | Name | Address | Telephone # | Relationship |
| 2. | _____ | _____ | _____ | _____ |
| | Name | Address | Telephone # | Relationship |
| 3. | _____ | _____ | _____ | _____ |
| | Name | Address | Telephone # | Relationship |
| 4. | _____ | _____ | _____ | _____ |
| | Name | Address | Telephone # | Relationship |

DOCTOR'S NAME and TELEPHONE. If one of the above cannot be reached, I wish my child to be taken to the Emergency Hospital. I wish any one of the following doctors to be notified:

Dr.'s Name _____ Telephone # _____ Hospital _____

Dr.'s Name _____ Telephone # _____ Hospital _____

Special Instructions (Allergies, Etc.)

The Following person (S) **MAY NOT** call for my child _____

Parent Signature _____ Date _____

I HAVE READ THE ATTACHED POLICY STATEMENT AND AGREE TO ADHERE TO IT:

Parent Signature _____

Child/ren's Name/s _____

SAINT AGNES SCHOOL EXTENDED CARE WEEKLY SCHEDULE

Week of: _____

Family Name: _____

Children Attending: _____

Fee Schedule: First Child: \$5.00/hr
 Second Child: \$3.75/hr
 Third Child: \$2.50/hr.

Payment due by Monday of week scheduled.

Day of Week	(No later than 5:30) Pick Up Times	Number of Hours	X Rate	Daily Fee
Monday			x\$	\$
Tuesday			x\$	\$
Wednesday			x\$	\$
Thursday			x\$	\$
Friday			x\$	\$

Total Due: \$ _____

Please list any activities your children will be participating in during the above hours:

	Check/Cash
Amount	\$ _____
Date	_____
Check #	_____
Rec'd By	_____

Other Comments:

EXTENDED CARE HOMEWORK PERMISSION FORM

Under the direction of the Extended Care Assistant, Extended Care will provide daily homework assistance. Homework will be done in silence.

Plans are in the making to provide tutorial assistance from Kean University's Graduate Students.

Please indicate below your desire to have your child participate daily in this homework program for this scholastic year.

Child/Children Name(s): _____

Grade(s): _____

Parent's Signature: _____