



Dear Parents,

Enclosed is information as well as the registration materials for our new aftercare program, **St. Agnes Cares**, which will be in effect for the 2017-18 school year.

It is meant to help parents working outside the home. If you are registering your child, please complete the enclosed forms and return them with the \$35.00 registration fee. We encourage you to return them as soon as possible to guarantee a place for your child.

The program begins on the Monday of the first full week of school in September. You will receive a tuition statement at the start of the program. The enclosed registration form, emergency contact form, and medical consent form (which must be notarized) are due on or before the first day your child attends the program.

If you have any questions, feel free to call the school at 678-5550

Return the completed forms to:

St. Agnes Cathedral School
70 Clinton Ave.
RVC, NY 11570
Mark the envelope ATTENTION: St. Agnes Cares.

Sincerely,

Cecilia St. John

Mrs. Cecilia St. John
Principal



ST. AGNES CATHEDRAL SCHOOL AFTERCARE PROGRAM:
ST. AGNES CARES

St. Agnes' Aftercare Program is a service to our students and their parents, which provides after-school supervision for children in grades K through 6. The program focuses on creative play, physical activity, and homework time. It is meant to help parents working outside the home.

ACTIVITIES: The program, which is coordinated and supervised 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, weather permitting.

BEHAVIOR: Appropriate behavior is essential for the safety and well-being of all of 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, from dismissal until 6 P.M. CHILDREN MUST BE PICKED UP NO LATER THAN 6 P.M. It will not operate on **school holidays, half days, or during vacations**. 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 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	\$160/month	\$240/month
2 days per week	\$160/month	\$320/month	\$480/month
3 days per week	\$240/month	\$480/month	\$720/month
4 days per week	\$320/month	\$640/month	\$960/month
5 days per week	\$400/month	\$800/month	\$1,200/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. 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.

Please complete the Registration Form and enclose a \$35.00 non-refundable registration fee and return it to the elementary school office. Make checks payable to St. Agnes Cathedral School and notate it St. Agnes Cares. If you are not sure about your need for the program, please complete the form and check the appropriate line of the registration form.



REGISTRATION FORM

Child's Name: _____ Grade in September : _____

Program days requested (circle): Monday Tuesday Wednesday Thursday Friday

Parent's Name: _____

Address:

Home Phone: _____

Work Phone: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Special questions/comments/concerns: _____

_____ \$35.00 registration fee enclosed.

_____ I am interested in the St. Agnes Aftercare Program, but am not ready to register at this time.



ST. AGNES 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 foremost in our minds, but we need and expect your full cooperation.

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

Address: _____

Mother's Name: _____

Email Address: _____

Home Phone No. _____

Work Phone No. _____

Cell Phone No. _____

Father's Name: _____

Email Address: _____

Home Phone No. _____

Work Phone No. _____

Cell Phone No. _____

CONTINUED ON THE NEXT PAGE



ST. AGNES CARES EMERGENCY CONTACTS CONTINUED

Please list two emergency contacts in case we are not able to reach you. These individuals should be able to drive and pick up your child within 15 minutes of notice from our office. DO NOT list anyone in (212) (718) or (631) area codes.

Name: _____

Phone No. _____

Name: _____

Phone No. _____

If you wish, please list the name of a family either in the St. Agnes Cares Program or a St. Agnes 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. Agnes Cares Program.

Family Name: _____

Phone No. _____

Parent's Signature

Date



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. Agnes 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: _____

Signature of Parent/Guardian

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

Notary Public