St. Joseph Catholic School

 175 N. 8th Street Ponchatoula, LA 70454 sjsoffice@sjscrusaders.org

 985-386-6421 FAX 985-386-0560 Mrs. Danette Ragusa, Principal

**After School Care Guidelines**

**2019-2020**

**Contact Information**

Ms. Delise Savoie is the Director of our After School Care Program. If you need to contact Ms. Delise between 2:35-5:30, you may call **985-401-0034**. THE SCHOOL OFFICE IS CLOSED DURING AFTER SCHOOL CARE HOURS**.**

**Mission Statement**

In accordance with the mission of St. Joseph School of the Diocese of Baton Rouge, this program intends to be a vibrant Christian community where children are encouraged and supported to reach their full potential spiritually, intellectually, socially, and physically in a safe and welcoming environment**.**

**General Description**

The After School Care Program is available from 2:35 until 5:30 for our students. Each full day of school, the program provides, at reasonable cost, childcare, snack, supervision, recreation, study periods, and enrichment activities. It serves working families of the school who desire after school care in a Christian environment.

**Check-out Security**

Parents must sign their child out in the After School Care room located in the rear of the gym before leaving with him/her. Children will only be released to parents or persons identified on the registration form or the school emergency contact form. **A picture ID will be requested from those picking up the child.**

**Emergencies**

In the event of an emergency , a parent will be contacted. The staff has been instructed to follow the same procedures that are used during normal school hours in the event of a fire or tornado warning.

**Daily Release/Late Pick-ups**

Students must be signed out with the director of the program or her designee every day by 5:30. A substantial fee of $1.00 per minute per child will be assessed for late pick-ups.

**Fees and Payments**

Parents must make arrangements for their child to be in the program through a registration process. There is a non-refundable **registration fee of $10 per student** due at the time forms are completed.

Parents are to pay **$7.00 per student per day for After School Care**. A snack and drink will be provided. Payments are due upon billing. Bills are issued weekly. Families will not be allowed to use After School Care services if balances go over 30 days past due.

**Program Schedule**

The program is available only on full days of school. If not in session (i.e. holidays, summer, etc.), the program will not be available. The after school program is not available on half days of school.

**St. Joseph Catholic School**

**After School Care Registration Form**

**2019-2020**

**\_\_\_\_\_\_ A $10.00 registration fee must accompany this request form. Please make checks payable to St. Joseph School.**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LA Zip: \_\_\_\_\_\_\_\_\_\_\_**

**MOTHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FATHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person to contact if parents cannot be reached:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ONLY the following listed adults are allowed to pick up this child from the ASC program:** *(Include the parents’ names below if they will be picking up the child)*

**Hours are from school dismissal until 5:30. Snacks are provided. Pick-up is in the After School Care room in the rear of the gym. After School Care is not provided on half days of school.**

**I agree to abide by all of the policies and procedures as outlined in the After School Care Guidelines.**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**