

Our Lady of Lourdes School

Before/After Care Program

Our Lady of Lourdes School offers a Before and After Care Program most days that school is in session for Nursery through 8th Grade (see school calendar for exceptions).

Before Care Hours: 7:00 – 8:00 a.m. (until 8:30 for Nursery and Pre-K)

After Care Hours: 2:50 p.m. for Grades K-8 and 2:30 p.m. for Nursery & Pre-K (immediately at dismissal from class) up until 6:00 p.m. (app. 3 hours daily)

- Parents are responsible for making homeroom teachers aware of their child's After Care schedule
- After Care will be cancelled when school is NOT in session and on all early dismissal days for Grades K-8
- If Nursery and Pre-K have regular day they will have After Care available
- Parents/Guardians are required to sign out their child when they pick them up from After Care
- Parents will be given an emergency cell phone number to call if they will be delayed

How Time Is Spent in After Care

Snack - Students may bring a snack to after care. They are allowed to have this snack whenever they want.

Homework - All students with homework in grades K-8 are sent with a teacher to a homework room. There they complete their homework assigned that day. Teachers check to make sure that the homework listed in the student's agenda and on the class page is completed, but it may not be corrected. Teachers do not study with the students. The students may study on their own, but studying must be done at home with a parent/guardian. After Care teachers ask that all parents/guardians check their child's homework when they get home.

Media Center - Students are able to watch a movie, color, play board games and use the computers. Students are allowed on age-appropriate computer game sites.

Recess Time - When all students are done with homework they are taken to the APR or Playground.

Before and After Care Program Fees (per student)

Registration Fee: \$25

Before Care - (1 hour)

1 day per week	per month = \$60
2 days per week	per month = \$85
3 days per week	per month = \$135
4 days per week	per month = \$185
5 days per week	per month = \$200

After Care - (3 hours)

1 day per week	per month = \$150
2 days per week	per month = \$195
3 days per week	per month = \$230
4 days per week	per month = \$260
5 days per week	per month = \$300

Sibling Discount: Each child after the 1st is discounted 25%

Before Care - (1 hour)

1 day per week	per month = \$45
2 days per week	per month = \$63.75
3 days per week	per month = \$101.25
4 days per week	per month = \$138.75
5 days per week	per month = \$150

After Care - (3 hours)

1 day per week	per month = \$112.50
2 days per week	per month = \$146.25
3 days per week	per month = \$172.50
4 days per week	per month = \$195
5 days per week	per month = \$225

Occasional Drop-In Fee: \$25

**Children who are "drop-ins" more than 2x in a month will be charged monthly rate of \$150.*

- Payment is made in advance on a monthly basis and not on a per diem or weekly basis. Students are required to attend the day(s) for which they have been they have been registered.
- There is no reimbursement or exchange of days if the student does not attend the assigned day. Should a "no school" day fall on your child's day, parents are responsible for payment for this day as charges are monthly (i.e. - snow day, holiday).
- To register your child in the either the Before or After School Care Program you must fill out the **Registration Form**, and have the "**Authorization for Medical Treatment Form**" signed and notarized.

Our Lady of Lourdes School
West Islip, NY

Authorization Consenting to Medical Treatment for a Minor Child

I, _____, the parent of _____
_____, a minor child who was born on _____ and resides at _____
_____ in the county of Suffolk in the State of New York, authorize an adult at Our Lady of Lourdes School's After Care 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 he/she may be called in case of an emergency. Any physician acting in his/her place should be **advised that my child has the following health problems and/or allergies:**

1. _____
2. _____
3. _____

Signature of Parent/Guardian

Please Print Parent/Guardian name

Sworn to before me this _____ day of _____, 20____

Notary Public

Our Lady of Lourdes School
AFTER-CARE PROGRAM 2014-2015
Registration Form

1. Child's Name _____ Homeroom/Grade _____
2. Child's Name _____ Homeroom/Grade _____
3. Child's Name _____ Homeroom/Grade _____

Program days requested: (Check all that apply) M__ T__ W__ Th__ F__

Any Allergies or concerns the aftercare teacher should be made aware of:

CONTACT INFORMATION

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency contact:

1. Name _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

2. Name _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Authorized Adults: Please give the full name of any person age 18 or older (*other than emergency contacts*) that may pick up your child. **ID must be shown.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

**Please attach Non-Refundable Registration Fee (\$25).*