

SJS After School Program

2023-2024

Available after every full day of school until 6:00 PM

For children in grades K-6

Rates per child:

Full Time \$70.00 per week – attendance is every day

Part Time: \$15.00/ day – minimum attendance is 2 days per week

Program includes snacks, homework assistance, physical exercise, games, arts, crafts, videos, computer, as well as other educational and recreational activities in a familiar, loving environment. ASP will be held on St. Joseph School property.



To enroll, please fill out the attached registration and consent forms and return to the school office ASAP. Upon completion, you will receive an information packet with additional program details. For more information, please contact our program directors:

Mrs. Debbie Dase (859-466-7628) or Mrs. Lisa Iles (859-640-6093)

Or E-mail afterschoolprogram@sjscrestent.org

AFTER SCHOOL PROGRAM DESCRIPTION

PROGRAM OBJECTIVES:

1. To provide parents of St. Joseph School with an alternative to having a child unsupervised after school.
2. To provide educational and recreational activities.
3. To provide assistance with homework in various subjects.

REGISTRATION:

A Registration Form must be filled out for every family participating in the program. They should be turned in prior to the first day of school. However, students may join the program anytime throughout the school year, provided there is sufficient capacity.

In addition to the Registration Form, the Diocesan Consent and Liability Waiver Form must also be completed (**one form per child**).

HOURS

The program will be available every day that school is in session for a full day. We will begin at 2:00 PM and close at 6:00 PM each evening. All children must be picked up by 6 PM or risk a late fee. We are not open on early dismissal days or when the school is closed (including snow days).

Keeping your child on St. Joe's property for after school care allows them to attend any meeting, sports practice, club, etc. held on the premises. If your child will be participating in any other activities, please discuss with us ahead of time so that the necessary arrangements are in place to ensure your child's safety getting to and from their activities

LOCATION

For the 2023-2024 school year ASP will be held in Noll Hall (cafeteria). When school is dismissed we will pick your children up from the school building and walk them to Noll Hall. This is where they will have a snack and do homework.

PICKUP

Pickup will be in the lower lot at Noll Hall door. Please pull up near the door and text both of us on a group text. Debbie- (859) 466-7628 & Lisa- (859) 640-6093. We will then bring your child out to you. You will not have to sign them out, we will take care of that for you.

COST AND ATTENDANCE:

Cost for the program per child for Full Time is \$70.00 per week. Part time is \$15.00 per day with a minimum of 2 days per week. If planned attendance days vary, email Debbie Dase, (afterschoolprogram@sjscrescent.org) no later than Sunday night, advising of your child's after school schedule for the upcoming week.

If your child misses on a scheduled day, unexpectedly or on short notice, (i.e. due to illness, going to a friend's house, etc.), you must still pay for that day as arrangements for food, staffing, etc., have already been made.

PAYMENT:

Payment is expected, in advance, at the beginning of each week or month for the days each child is scheduled to attend. **You should not expect to be "billed" or reminded to make your payment.** Checks are to be made payable to St. Joseph School. Please mark "After School Program" on the memo line and send it to the office c/o ASP - Debbie Dase or Lisa Iles, or bring it with you when you pick up your child.

DAILY SCHEDULE/ACTIVITIES:

2:00 Attendance/Restroom break/Hand washing/Change clothes
2:15 Prayer
2:20 Snack
2:45 Homework/QUIET activity
3:45 Physical activity inside or outside
6:00 Child must be picked up.

We realize that each child works at a different pace. As children get finished with homework, there will be several quiet activity options until everyone has completed their homework.

We will have some form of physical exercise each day. We may be outside if weather permits.

CHANGE OF CLOTHES:

Children may bring a change of clothing (which conforms to the school "out of uniform" guidelines), as they may feel more comfortable in play clothes than in their school uniform.

ST. JOSEPH AFTER SCHOOL PROGRAM REGISTRATION

Child #1: _____ Male _____ Female _____
Date of birth: _____ Grade level: _____ Year: _____
Allergies: _____
Special medications or condition: _____

Child #2: _____ Male _____ Female _____
Date of birth: _____ Grade level: _____ Year: _____
Allergies: _____ Special medications or condition: _____

Child #3: _____ Male _____ Female _____
Date of birth: _____ Grade level: _____ Year: _____
Allergies: _____
Special medications or condition: _____

Parent/Guardian 1: _____
Street Address: _____
City/State: _____ Zip : _____
Phone: Home _____ Work _____ Cell _____
Email: _____ Employer: _____

Parent/Guardian 2: _____
Street Address : _____
City/State: _____ Zip: _____
Phone: Home _____ Work _____ Cell _____
Email: _____ Employer: _____

Child(ren)'s Physician: _____ Phone: _____
Dentist: _____ Phone: _____
Preferred Hospital: _____

Emergency contact (other than parent): _____
Primary Phone: _____ Secondary Phone: _____

_____ **FULL-TIME** (every day attendance)

_____ **PART-TIME** - circle the days for which you are enrolling your child:

MON TUES WEDS THURS FRI

Also make a notation if your days will vary.

Please list **ALL** persons that are allowed to pick up your child:

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Name: _____ Relationship: _____

Primary Phone: _____

Name: _____ Relationship: _____

Primary Phone: _____

Other information about your child (likes/dislikes, other after school activities, etc.):

DIOCESE OF COVINGTON
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

(*****NOTE: Complete **ONE FORM PER CHILD**. Copy/Print blank form, as needed, for multiple children.)

Participant's Name _____

Birth Date _____ Sex _____

Parent/Guardian's:

Name _____ Home _____

Address _____ Home _____

Phone _____ Business Phone _____

I, _____, grant permission for my child _____, to participate in this diocesan/parish/school after school program as described below. This activity will take place under the guidance and direction of diocesan/parish/school employees and/or volunteers from _____ St. Joseph Parish _____. If transportation is required during the activity, I give permission for my child, _____ to ride with a driver 21 years or older.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Joseph Parish, its officers, directors and agents, and the Diocese of Covington, chaperones, or representatives associated with the activity for any claim or damages to any person or property, arising from or in connection with my child attending the activity or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents and the Diocese of Covington, chaperones, or representative associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Parent//Guardian Signature _____ Date _____
(If participant under 18 yrs. of age)

Participant's Signature _____ Date _____

ACTIVITY INFORMATION

Activity **After School Program** _____ Date _____ Cost _____

Location: St. Joseph School 2474 Lorraine Ct. Crescent Springs KY41017

Phone (Emergency) 859-640-6093

Starting Time 2:00 PM

Ending Time 6:00 PM

Meeting Place St. Joseph School

Contact Person Lisa Iles 859-640-6093

Type of Transportatin _____

Other Information _____

MEDICAL INFORMATION

To Be Completed By Parent or Guardian – Please Print

Child's Name _____ Birth Date _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Company _____ Policy Number _____

Member's Name _____ Home Phone _____ Work Phone _____

Family Doctor _____ Phone _____

 Yes, my child's picture may be used in promotional material by the diocese, or St. Joseph Church.