



ST. BARTHOLOMEW ACADEMY

The Catholic School that makes a difference in your child's life.

To: Parents and Guardians
From: Sister Elizabeth Calello, Principal
Date: August 2018
Re: After School Child Care Program

We will once again offer an Afterschool Child Care Program. Please complete the attached two forms and **return them to the school office**. Enrollment is limited. Therefore, it is imperative your application and registration fee be received no later than **Monday, August 27**. Our program will begin on Monday, September 11.

Every Friday your child will receive a weekly schedule form for you to complete and return the following Monday with your payment. If you have any questions, please call the school office.

Program Information is as follows:

Time: September to June when school is in session from
2:30 – 6:00 PM, except on noon dismissal days

Fee: Registration Fee: \$50.00 per family
Hourly Rate: \$10.00 per hour per child

Entrance to building: The Aftercare room is located on the lower level of the school. For pick up, ring doorbell at the school entrance and walk downstairs to the end of the hallway where the aftercare room is located.

Typical Day:

- Snack: Due to the growing concern for food allergies, please pack your child's snack/drink for aftercare.
- Homework
- Recreation

BEFORE CARE SUPERVISION: The Academy offers student supervision from 7:15 AM until 8:00 AM for a fee of \$2.00 per day. This service will be provided on a daily basis and students will be expected to bring the \$2.00 payment each day. Please call the school office at 908-322-4265, during the week of August 27 to sign up if you will be using this service. Morning student supervision will begin on September 10. No application form is necessary for before care.



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AFTERSCHOOL CHILD CARE PROGRAM APPLICATION

<u>CHILD(REN)'S NAMES</u>	<u>M/F</u>	<u>AGE</u>	<u>GRADE</u>
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_____	___	___	___
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Home Phone

Email address(es)

Father's Name

Business Phone # and Cell

Mother's Name

Business Phone # and Cell

Emergency Numbers:

Name

I understand that **after 6:00 PM there will be an additional late fee charge of \$5.00 for each five minutes beyond the 6:00 PM pick-up time.** I also understand that my child(ren)'s eligibility for the Afterschool Child Care Program will be reassessed if late pick-up is habitual.

Parent's Signature

Date



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AFTERSCHOOL CHILD CARE PROGRAM

WEEK OF _____

FAMILY NAME: _____

CHILD(REN) ATTENDING:	NAME	GRADE
_____	_____	_____
_____	_____	_____

FEE: \$10.00 PER HOUR PER CHILD. PAYMENT DUE MONDAY OF WEEK SCHEDULED. (Cash or checks payable to St. Bartholomew Academy)

PLEASE FILL IN:

DAY OF WEEK	PICK UP TIME	#OF HOURS	x RATE (\$10.00)	ACTUAL PICK UP TIME	SIGNATURE
MONDAY	_____	_____	_____	_____	_____
TUESDAY	_____	_____	_____	_____	_____
WEDNESDAY	_____	_____	_____	_____	_____
THURSDAY	_____	_____	_____	_____	_____
FRIDAY	_____	_____	_____	_____	_____

TOTAL DUE: \$ _____

For Office Use: Check/Cash
 Amt: \$ _____
 Check #: _____
 Date: _____
 Rec'd by: _____

ADDITIONAL COMMENTS:
