

## **2024-2025 AFTER SCHOOL CARE PROGRAM**

**AFTER SCHOOL CARE BEGINS AT 3:30 P.M. ON REGULAR SCHOOL DAYS AND 3:00 P.M. ON 2:30 DAYS (TUESDAYS). CHILDREN MAY NOT BE LEFT UNATTENDED AFTER THESE TIMES ON THE CORNER, IN THE GYM, AROUND THE STATUE OF MARY OR WAITING FOR AFTER SCHOOL ACTIVITIES (THIS INCLUDES SPORTS, CHEERLEADING, SCOUTS, ETC.). COACHES WILL BE REQUIRED TO SIGN OUT CHILDREN FOR PRACTICES. CHILDREN WILL NOT BE ALLOWED TO LEAVE AFTER SCHOOL CARE ON THEIR OWN.**

**REGISTRATION FEES:** A \$25.00 non-refundable registration fee payable to Holy Rosary School will maintain placement for your child for the school year. A \$40.00 registration fee will be charged for family enrollment.

**AFTER SCHOOL CARE PRICING IS BY THE HALF HOUR. BEGINNING AT 3:30 PM ON REGULAR DAYS AND 3:00 PM ON TUESDAYS. YOU MUST SIGN OUT ON THE IPAD SO THAT TIMES ARE ACCURATE. WHEN PICKING UP YOUR CHILDREN CALL 901-724-5781 AND YOUR CHILD WILL BE SENT TO THE RED AWNING TO BE PICKED UP.**

	<b>FIRST HALF HOUR</b>	<b>SECOND HALF HOUR</b>	<b>THIRD HALF HOUR</b>
<b><u>FIRST CHILD</u></b>	<b>\$ 5.00</b>	<b>\$ 10.00</b>	<b>\$ 15.00</b>
<b><u>SECOND CHILD</u></b>	<b>\$ 2.67</b>	<b>\$ 5.34</b>	<b>\$ 8.00</b>
<b><u>THIRD CHILD</u></b>	<b>\$ 1.00</b>	<b>\$ 2.00</b>	<b>\$ 3.00</b>

**SNACK/SIGN OUT:** A snack is included in the ASC fee. When picking up your child, you must sign them out on the ASC IPAD with the time picked up so that your fee is accurate. If your child has been put on the roll and you do not sign them out, we assume they are here until 6:00 p.m. and you will be charged accordingly.

**PICK-UP:** Children must be picked up no later than 6:00 p.m. each evening. If for some reason you are going to be delayed, please inform us by calling on the ASC phone, 901-724-5781. Please be considerate in picking your child up on time, as we also have evening obligations to meet.

**DISCIPLINE:** All children enrolled in after school care will be expected to follow rules established by the staff for the safety and smoothness of the program. Children with continual behavior problems will be asked to leave the program.

**ALL PAYMENTS ARE DUE WEEKLY. ACCOUNTS CAN BE VIEWED ON RENWEB, THROUGH THE PARENTS WEB. PAYMENTS CAN BE MADE ONLINE, OR THROUGH KIDMAIL OR IN THE OFFICE.**

**THERE IS NO AFTER SCHOOL CARE ON HALF DAYS.**

# PLEASE COMPLETE AND RETURN TO HOLY ROSARY SCHOOL

## AFTER SCHOOL CARE INFORMATION SHEET

Name of Child #1 \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Name of Child #2 \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Name of Child #3 \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

### PARENTS:

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Place of Work \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

### TRANSPORTATION PLAN:

To insure the safety of your child, please list other adults that are allowed to pick up your child.

\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACTS:

Name of other people that are authorized to act for parents in an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Any Medical Information, Allergies, or Prescription Medication we should be aware of:

\_\_\_\_\_

I do hereby authorize emergency medical care for my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_