



## After the Bell Extended Day Information Sheet and Registration Packet 2019 – 2020

Dear Parents:

Welcome to **After the Bell**, our extended day program that operates as a service to the families who have students enrolled in our school. Consistent with the mission of St. Michael School, **After the Bell**, the extended care program, promotes growth in faith, scholarship, leadership, and service, building a faith community rooted in gospel values. The staff strives to provide an environment designed to foster self-esteem and develop an appreciation for the dignity of each person. The program offers parents a safe, familiar, and loving alternative environment during after school hours when home care is not possible. The program includes time for students to complete and receive assistance with homework, provide developmentally appropriate recreational opportunities, and provide social interaction opportunities. **After the Bell** follows the same standards for behavior, respect, and rules that apply during the regular school day.

We are asking that you register now for the **After the Bell** program that will begin on August 12, 2019. In order to plan adequately, we need to know approximately how many families (students) will be using the program. Please fill out the attached registration form and send back to school with a **\$20.00 registration fee** (per family). If you are not sure which option you will use, select one now and you can update your choice at a later date. Notice we have several options and hopefully one of these will meet your family's needs. This registration will secure a space in the program for your child(ren). If you anticipate using the program as drop-in only, you must register.

We thank you for your confidence in us, and we will do our very best to meet your expectations. Our commitment to you is simple: we will love your children, provide for their well-being, and strive always to make their hours with us happy and productive. We will welcome suggestions for improving the program and look forward to a new and challenging school year.

Sincerely,

*St. Michael School Administration*

### General Schedule for After the Bell

<b>3:05</b>	St. Michael School dismissal
<b>3:05 – 3:15</b>	Meet in cafeteria
<b>3:15 – 3:30</b>	Afternoon snack
<b>3:30 – 4:30</b>	Homework session / other activities
<b>4:30 – 5:45</b>	Outdoor play / other activities
<b>5:45 – 6:00</b>	Dismissal



# St. Michael School

## After the Bell Extended Day

### Registration and Program Fees Form

#### 2019 – 2020



Parent(s) Name: \_\_\_\_\_

Child(ren) Name(s)  
and Grade Level(s):

Children's Name	2019-2020 Grade Level

**Registration Fee**  
(\$ 20.00 per family –  
Due now at  
Registration;  
non-refundable)

**After the Bell Program Options: (please choose one.)**

<b>Full Time</b> (5 days per week): 1 child <input type="checkbox"/> \$119.00 per month 2 children <input type="checkbox"/> \$214.00 per month 3 children <input type="checkbox"/> \$285.00 per month 4+children <input type="checkbox"/> \$333.00 per month	1 child	<input type="checkbox"/>	\$119.00 per month
	2 children	<input type="checkbox"/>	\$214.00 per month
	3 children	<input type="checkbox"/>	\$285.00 per month
	4+children	<input type="checkbox"/>	\$333.00 per month
<b>Part Time</b> (4 scheduled days): Check <b>4 days</b> attending below: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	1 child	<input type="checkbox"/>	\$ 95.00 per month
	2 children	<input type="checkbox"/>	\$171.00 per month
	3 children	<input type="checkbox"/>	\$228.00 per month
	4+children	<input type="checkbox"/>	\$266.00 per month
<b>Part Time</b> (3 scheduled days): Check <b>3 days</b> attending below: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	1 child	<input type="checkbox"/>	\$ 70.00 per month
	2 children	<input type="checkbox"/>	\$126.00 per month
	3 children	<input type="checkbox"/>	\$168.00 per month
	4+children	<input type="checkbox"/>	\$196.00 per month
<b>Part Time</b> (2 scheduled days): Check <b>2 days</b> attending below: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	1 child	<input type="checkbox"/>	\$ 46.00 per month
	2 children	<input type="checkbox"/>	\$ 82.00 per month
	3 children	<input type="checkbox"/>	\$110.00 per month
	4+children	<input type="checkbox"/>	\$128.00 per month
<b>Drop Ins</b>	1 child	<input type="checkbox"/>	\$ 12.00 per day
	2 children	<input type="checkbox"/>	\$ 22.00 per day
	3 children	<input type="checkbox"/>	\$ 29.00 per day
	4+children	<input type="checkbox"/>	\$ 34.00 per day

**Late Fees:** Extended care daily dismissal is at 6:00 pm. Children who are picked up at 6:01 pm will have a late fee of \$10 and \$1.00 for every minute after 6:01 pm. Charges will be added to the family's monthly invoice and drafted the next month.

St. Michael School is concerned about the proper supervision of children after regular dismissal. Any child who has not been picked up by **3:30 pm** will be sent to **After the Bell** program and the family will be billed at the *Drop In* rate.

*I understand that submitting this form and paying the \$20 Registration fee secures a spot in the **After the Bell** program for my child(ren). I also understand that I am selecting an option now but may change the option before August 18, 2019.*

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

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

\_\_\_\_\_ Registration Fee included    \$\_\_\_\_\_ cash    OR    \$\_\_\_\_\_ check / Check # \_\_\_\_\_  
 \_\_\_\_\_ Option Selected

# **St. Michael School**

## **After the Bell Extended Day – Billing Procedures**



- **After the Bell** program will be billed through the same bank account as St. Michael School tuition and fees.
- Your account will be drafted from your bank account on the 5<sup>th</sup> of each month as a separate charged labeled **After the Bell** program. Any late fees (see below) or *Drop In* charges will be billed on the following month and indicated on your bill.
- **After the Bell** program will begin on the first full day of each school year and end on the last full day of each school year.
- **After the Bell** program will not be in session for early dismissal days or scheduled school holidays.
- **Late Fees: After the Bell** Extended Day's daily dismissal is at **6:00 pm**. Children who are picked up at 6:01 pm will have a penalty fee of \$10 and \$1.00 for every minute after 6:01 pm. Charges will be added to the family's monthly invoice and drafted the next month.

# St. Michael School

## After the Bell Extended Day - Student Release Form



Parent Name(s): \_\_\_\_\_

Child(ren) Name(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 (3) \_\_\_\_\_ (4) \_\_\_\_\_  
 (5) \_\_\_\_\_ (6) \_\_\_\_\_

**Notice:** Please inform anyone listed below that they must sign their name and time on the sign out sheet when they pick up your child. When someone other than those listed below picks up your child, you **MUST** call the office (783 – 1410) or send a parental-signed note.

Persons authorized to pick up my child(ren):

Name	Relationship	Contact number(s)

Persons NOT authorized to pick up my child(ren):

Name	Relationship	Contact number(s)

# St. Michael School

## After the Bell Extended Day - Emergency Release Form



*This form will be presented upon admission for medical treatment for your child(ren).*

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Other Contact's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Child(ren) Information:** (If your child(ren) have any allergies, medical conditions, or special needs that emergency personnel should know, list them.)

(1) Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_ Med. Conditions: \_\_\_\_\_  
 (2) Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_ Med. Conditions: \_\_\_\_\_  
 (3) Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_ Med. Conditions: \_\_\_\_\_  
 (4) Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_ Med. Conditions: \_\_\_\_\_  
 (5) Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_ Med. Conditions: \_\_\_\_\_  
 (6) Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_ Med. Conditions: \_\_\_\_\_

### Authorization for Emergency Medical Treatment

In the event that we cannot be reached to make arrangements for emergency medical attention/treatment, I authorize any St. Michael School staff member to take my child(ren) to:

<b>Child(ren)'s Physician:</b>	Phone #:
Address:	
<b>Child(ren)'s Dentist</b>	Phone #:
Address:	
<b>Hospital:</b>	Phone #:
Address:	

In the event that my child(ren) listed above suffers an injury or illness while in the care of St. Michael School **After the Bell** Extended Day program and the facility is unable to contact me immediately, I give my consent to any necessary first aid or other medical treatment, when my child is in the care of the above listed physician, dentist, and/or hospital. I agree to pay all costs and fees contingent on any emergency medical treatment for my child as secured or authorized under this consent.

The St. Michael School **After the Bell** Extended Day program staff agrees to keep me informed of any incidents requiring professional medical attention involving my child.

\_\_\_\_\_  
Parent(s) / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s) / Guardian Signature

\_\_\_\_\_  
Date



# **St. Michael School**

## **After the Bell Extended Day Program**

### **Student Code of Conduct and Discipline Procedure**

**2019 – 2020**

#### **Student Code of Conduct**

- Students will treat each other and all school personnel in a respectful manner.
- Students will not be physically abusive (hitting, shoving, biting, wrestling, or throwing objects) or verbally abusive to others.
- Students are expected to clean up their area prior to leaving it.
- Students will not damage school property or the property of others.
- Behavior that disrupts the normal activity in the center or threatens the safety of others will not be allowed.
- Students will respect others while working silently and independently during homework time.
- Electronic Devices are permitted such as Kindle's/ E-readers for reading or homework, **only** no internet use. Cell phones are not allowed.

#### **Discipline Procedure**

- The student will be given a verbal warning for inappropriate behaviors.
- Students with guidance of an adult will be asked to work on a solution for a positive outcome and parent/s will receive notification.
- If the inappropriate behavior continues the student will be given a Refocus Form.
- Parent/Guardian will sign the form and it will be kept in the student file.
- If the student receives three written reports for the same or similar disciplinary issues within a quarter, he/she will be referred to the Assistant Principal/Principal.
- If further discipline is needed, it will be decided by the Principal. This discipline may include suspension or expulsion from the Extended Day Program.

**I have read, understand, and accept the St. Michael School *After the Bell* Student Code of Conduct and Discipline Procedure.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**St. Michael School**  
**After the Bell Extended Day Program**  
**Parent Program Agreement Form**  
**2019– 2020**

**Both Parents/Guardians must read and initial each item.**

Initial \_\_\_\_/\_\_\_\_ The parents/guardians accept and agree to follow the policies and procedures of St. Michael School **After the Bell** Extended Day Program.

Initial \_\_\_\_/\_\_\_\_ St. Michael School agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian agree to immediately make arrangements to have the child picked up.

Initial \_\_\_\_/\_\_\_\_ The parent/guardian authorizes St. Michael School to obtain immediate medical care if any emergency occurs when he/she cannot be contacted immediately.

Initial \_\_\_\_/\_\_\_\_ The parent/guardian understands that the child must be picked up no later than 6pm or the parent/guardian will be charged late fees. It is also understood that services may be withdrawn from any family who is late three times in one calendar month.

Initial \_\_\_\_/\_\_\_\_ The parent/guardian understands that the principal has the right to withdraw/deny services when a student is perceived as disruptive to the extent that he/she infringes on the rights of others. Services will also be withdrawn if St. Michael School ascertains that it cannot meet the specific needs of any child.

Initial \_\_\_\_/\_\_\_\_ The parent/guardian understands that services are only offered to families who stay current with their indebtedness to the **After the Bell** program and to other school financial commitments.

SIGNATURES: \_\_\_\_\_  
Parent /Guardian                      Date                      Parent/Guardian                      Date

SIGNATURE: \_\_\_\_\_  
Ms. Sandi Doré, Principal                      Date

**ST MICHAEL ELEMENTARY SCHOOL  
AUTHORIZATION FOR DIRECT PAYMENT**

I authorize St. Michael School and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it, allowing the financial institution reasonable time to make changes. I can stop payment of any direct payment by notifying my financial institution and St. Michael School 3 days before my account is charged. These entries will begin on the 5th of each month beginning in August, 2019.

\_\_\_\_\_  
(Name of Financial Institution) (Branch)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Student(s) Name)

\_\_\_\_\_  
(Name on Account-Please Print) (Phone Number)

\_\_\_\_\_  
(Address – Please Print)

Account Number \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_  
(Bottom middle set of numbers on your check)

Financial Institution Routing number \_\_\_\_\_  
(Bottom left set of numbers on your check)

**Please send this form along with a cancelled check to  
Donna Venable at St. Michael School with your  
Registration Packet.**