



SAINT ALBERT THE GREAT
Roman Catholic School

ST. ALBERT THE GREAT SCHOOL AGE CHILD CARE

6667 Wallings Road North Royalton, Ohio 44133

440-409-6060

beforeafter@saint-albert.org

Dear Parents:

St. Albert the Great School Age Child Care exists to provide the students of St. Albert the Great School with a "home base" where they can go before and/or after school when the work schedule of their parents does not coincide with school hours. This professionally operated program allows children to experience a rich diversity of activities within a Catholic environment. Under the direction of our staff, activities are planned to compliment the philosophy and value system of the Catholic family and St. Albert the Great School. The program itself replaces neither the home nor the school, but compliments both.

The goals of our program are: 1) To provide a flexible and relaxed program of supervised recreational and educational activities; 2) To maintain an atmosphere in which each child can grow in self-respect and maturity; 3) To maintain an atmosphere in which respect and understanding for others is cultivated; 4) To promote a sense of Christian community through planned group activities; and 5) To administer the program as a financially self-sufficient entity while keeping the cost to parents within the reach of family finances.

Before Care program is available from 7:00 a.m. – 8:30 a.m. Monday through Friday *

After Care Program is available 3:30 p.m. – 6:00 p.m. Monday through Friday *

IF SCHOOL is CLOSED for any reason there is no Before or After Care.

Tuition is **\$3.75** an hour for before and/or after school care. **All students must register for our online payment system PayForIt.Net.** Please see separate sheet for sign up information. There is a \$20.00 per STUDENT Registration Fee and a required **\$50.00 minimum balance** per child on the account. **A \$50.00 Minimum balance needs to be maintained in PayForIt throughout the year.**

Parents are to sign children in for the before school program and sign children out when picking them up at the end of the day. The before and after school programs are held in the school cafeteria, and parents should park by the mobile unit in the designated parking spaces. No cars are to park in front of the wooden deck. A buzzer is located left of the cafeteria door to gain entrance into the building.

If you wish to enroll your child, please fill out the attached forms and sign up on the online payment System PayForIt.net. All questions must be answered in full to conform to state regulations. Return the forms to St. Albert the Great School in an envelope marked "St. Albert the Great School Age Child Care" No child may attend unless there is a current registration form on file and PayForIt.net account set up and a minimum balance of \$50.00 per child in the program. The \$20.00 registration fee will be assessed the first day the student attends the program.

Please contact Mrs. Sandy Lepi, Director, at 440/409-6060, if you have any questions or concerns regarding this program.

ST. ALBERT THE GREAT SCHOOL AGE CHILD CARE

BEFORE AND AFTER CARE SCHEDULE

Family Name: _____

1. Child's Name: _____

Will attend before school care on : Mon. Tues. Wed. Thurs. Fri. Drop-in

 Mon. Tues. Wed. Thurs. Fri Drop-in

2. Child's Name: _____

Will attend **before** school care on : Mon. Tues. Wed. Thurs. Fri. Drop-In

Will attend **after** school care on: Mon. Tues. Wed. Thurs. Fri. Drop-In

3. Child's Name: _____

Will attend **before** school care on : Mon. Tues. Wed. Thurs. Fri. Drop-In

Will attend **after** school care on: Mon. Tues. Wed. Thurs. Fri. Drop-In

PARENTS MUST send in a Change of Routine Form EVERY TIME there is a change in the above AFTER SCHOOL CARE schedule for any child in the family.

Students who use the program on a DROP-IN basis MUST submit a Change of Routine Form EVERY TIME they attend.

If a change in schedule occurs during school hours, parents MUST notify the program by calling 440/409-6060.

Parent/Guardian Signature: _____ Date: _____

ST. ALBERT THE GREAT SCHOOL AGE CHILD CARE

MEDICAL EMERGENCY
INFORMATION AND
AUTHORIZATION

Family Name: _____ Child(ren) Name(s) _____

Insurance Plan Name: _____ Policy Number _____

PART I. TO GRANT CONSENT:

I hereby give consent for the following medical care providers and local hospital to be called:

Hospital _____ Address _____ Phone _____

Physician _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Specialist _____ Address _____ Phone _____

In the event reasonable attempts to contact me at home _____, work _____ or cell _____ have been unsuccessful, I hereby give my consent for the (1) administration of any treatment deemed necessary by the above-named doctors or in the event the designated preferred practitioner is not available by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications taken and any physical impairment to which a physician should be alerted:

Child's name _____ Medical History _____

Child's name _____ Medical History _____

Child's name _____ Medical History _____

Parent/Guardian Signature: _____ Date: _____

PART II: REFUSAL OF CONSENT

I **do not** give my consent of emergency medical treatment to my child. In the event of illness or injury requiring emergency treatment, I wish the staff at St. Albert the Great School Age Child Care to take the following action:

Parent/Guardian Signature: _____ Date: _____

ST. ALBERT THE GREAT SCHOOL AGE CHILD CARE

CHILD'S IMMUNIZATION RECORD

Please complete the following for each child attending or attach a copy of an immunization record from doctor.

Child's Name:				Date of Birth	
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTP					
POLIO					
MIB					
MMR					
OTHER					

Child's Name:				Date of Birth	
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTP					
POLIO					
MIB					
MMR					
OTHER					

Child's Name:				Date of Birth	
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTP					
POLIO					
MIB					
MMR					
OTHER					

Child's Name:				Date of Birth	
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTP					
POLIO					
MIB					
MMR					
OTHER					

ST. ALBERT THE GREAT SCHOOL AGE
CHILDCARE ENROLLMENT AGREEMENT
2017-2018

1. I agree to pay a non-refundable \$ 20.00 registration fee per child the first time each year a student attends Before/After Care.
2. I agree to set up an online PayForIt.net account with a start up balance of \$ 50.00 per child.
3. I agree to pay a late pick-up fee of \$3.75 for each five minutes after 6:00p.m. If my child is picked up late on a regular basis, I understand the program has the option to withdraw my child from extended care.
4. I agree to pay a \$12.00 bank fee for any check returned from the bank for insufficient funds. After two returned checks, I understand that payments must be made in cash or by money order only.
5. I agree that it is my responsibility to notify the staff of a change in any of my children's schedules by submitting a Change of Routine Form. If a change in schedule is required-during the school hours, I agree to call the program at 440/409-6060 or email beforeaftercare@saint-albert.org to notify them of the change.
6. I understand that for the safety of all children attending the program, I must sign in and sign out my child/children each day of attendance. Students are to be dropped off and picked up from the school cafeteria. If the students are outside at the time of pickup, I must personally inform a staff member that I am picking up my child and sign my child out.
7. I agree that my child will not be released to anyone not listed on the pick-up authorization form without notifying the program with a Change of Routine Form or a note from a parent/guardian indicating who will be picking up the child. I understand a photo ID is required of all individuals picking up children.
8. Parents should keep track of the days and times their children attend the program. Information may be confirmed by checking your PayForIt.net account.
10. All questions or concerns should be directed to Mrs. Sandy Lepi, Director, at 440/409-6060 or email beforeaftercare@saint-albert.org.

I have created my PayForIt.net account and I have read and agree to the above rules and costs. I hereby release the Bishop of Cleveland, The Cleveland Catholic Diocese, St. Albert the Great Parish, the School Age Child Care staff, volunteers, and employees thereof from all claims, judgments and liabilities for any damage or injury to a child.

Parent/Guardian Signature: _____ Date: _____

ST. ALBERT THE GREAT SCHOOL AGE CHILD CARE REGISTRATION 2017-2018

Family Name: _____ Email Address: _____

Child's Name: _____ Birthday: _____ Grade: _____ Room: _____

Child's Name: _____ Birthday: _____ Grade: _____ Room: _____

Child's Name: _____ Birthday: _____ Grade: _____ Room: _____

Child's Name: _____ Birthday: _____ Grade: _____ Room: _____

Address: _____ City: _____ Zip _____ Home# _____

Mother's Name: _____ Home # _____ Cell#: _____

Home Address: _____ Work# _____

Business Name & Address: _____

Father's Name: _____ Home# _____ Cell#: _____

Home Address: _____ Work# _____

Business Name & Address: _____

Pick Up: If you are unable to pick up your child(ren), the following people are authorized on your behalf.

1) _____ Phone: _____ Relationship _____

2) _____ Phone: _____ Relationship _____

In case of accident or illness and you cannot be reached, whom should we call?

1) _____ Phone: _____ Relationship _____

2) _____ Phone: _____ Relationship _____

The following people ARE NOT authorized to pick up my child. If this is a legal matter, a copy of the most recent court order is required.

Name: _____ Phone: _____ Cell Phone: _____ Relationship _____

Name: _____ Phone: _____ Cell Phone: _____ Relationship _____

In case of divorce, who is the custodial parent? _____

Is the child(ren) permitted to leave with non-custodial parent? _____ **yes** _____ **NO**

If someone other than the persons listed above will be picking up your child(en), we must have a note from you.

Homework: I do _____ I do not _____ want my child(ren) doing homework at after school care.

Parent Roster Statement: In accordance with Rule 5101 2-12-54 of the Administrative Code, a roster for the group of children, which includes names and telephone numbers of parents/guardians of children, attending the program must be prepared annually and given to parents/guardians upon request.

I, _____, **would** like my name and phone number to be on the roster.

I, _____, **would not** like my name and phone number to be on the roster.

Parent/Guardian Signature: _____ Date: _____