

## St. Michael Academy

### 2016 – 2017 Before & After School Care

#### Guidelines

Our Before & After School program, now in its eighteenth year, provides a safe and structured environment for your child(ren). Mrs. Kristi Goar and her assistants closely monitor all activities. They also provide time for children to work on their homework. However, it is the parent's responsibility to make sure all assignments have been successfully completed.

All children attending this program must have a written note on the days they will be attending After School. If your child(ren) will attend After School Care everyday, please send a note to the teacher at the beginning of the school year to that effect. You will then only send a note when your child "will not" be attending After School.

Please do not call the school each morning and ask them to write a note for you or at the end of the day at dismissal to relay instructions for your children. Students who are not picked up by 3:00 p.m. will be escorted to the After School program.

The Minor/Major infractions listed in the Parent/Teacher Handbook and on the website @ [www.smacad.org](http://www.smacad.org), will be used as the same guidelines for the Before & After School Program. Parents will be notified of any discipline problems, and hopefully through their support, we will be able to correct the problem. Please note: Any student who repeatedly disobeys the rules and regulations required for a safe environment will be dismissed from the program. Fighting, kicking, and the use of inappropriate language are grounds for permanent dismissal from our program.

Your children are important to us and we look forward to having them again this year. If you have any questions, please feel free to call the school office at 321-2102.

**LOCATION OF PROGRAM: 230 N. 5th St.**

#### **PROGRAM HOURS:**

HOURS	DAYS
7:00-7:45 am (Pre-K – 8)	Monday-Friday (Before School)
12:00-6pm (Pre-K)	Monday-Friday (After School)
2:45-6pm (K-8)	Monday-Friday (After School)

After-School Care will be provided on early-release days.

No Before & After-School Care will be provided when school is not in session.

No After-School on the last day of school.

#### **IN CASE OF EMERGENCY:**

Pre K Building: 904-557-9870

Main School: 904-321-2102

## Policies

➤ All fees are to be paid weekly for families paying the drop-in rate. It is your responsibility to request your total due each week from Mrs. Goar. Please make checks payable to: St. Michael Academy and notate Before/After School Program on the memo line. PLEASE DO NOT combine this payment with any other payments due the school, as this is a separate program.

➤ If payments are more than two weeks in arrears, you will receive notification that your child(ren) will not be able to attend this program until all fees are paid in full. An account in arrears will be charged a \$35 late fee.

☒ Accounts which incur 2 or more late charges will be required to provide a credit card to the Business Office for all future payments. Credit card payments will be charged a 3% processing fee.

➤ Please note: Any child picked up after 6:00pm will be charged an additional \$5.00 for every five (5) minutes late.

➤ All parents or those authorized to pick up students are REQUIRED to sign out your child on the sign-out log provided by the director.

➤ Students (K-8) who are not picked up from the dismissal line by 3:00 p.m. at the Main School will be sent to After-School Care and a minimum fee of \$15 per child will apply.

### Staff:

Director of Before/After School Care

Mrs. Kristi Goar

Asst. to Mrs. Goar

Mrs. Bernadette Farace

Assistant to Mrs. Goar

Mrs. Mirna Mreich

## Payment Plans Offered

Yearly Rates are for school calendar year – Aug 2016-June 2017.

### Payment Plan A

Offered to Students Grades **Kindergarten – 8<sup>th</sup>**

#### Drop-In Rates

7:00-7:45	\$10.00
2:45-3:45	\$15.00
2:45-6:00	\$20.00

Payable weekly on Fridays.

Maximum daily rate - \$20.00/day

Any child picked up after 6:00pm will be charged an additional \$5.00 per every 5 minutes late.

This program option may be changed ONCE from a Drop-In Program to the Wrap-Around Yearly Rate Program. The change will occur on the first day of the following month after the change request. All previous-month bills must be paid in full before program plan will be changed.

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### Payment Plan B

Offered to Students Grades **Kindergarten – 8<sup>th</sup>**

#### Wrap-Around Yearly Rate

\$2250.00 per student

Includes Before School (7:00 am) and After School Care every school day until 6:00pm, including early release days when Extended Care is in session.

The Wrap-Around Yearly rate will be added to your monthly FACTS payment plan.

The Wrap-Around Yearly rate will be pro-rated on a 9-month basis (Sept-May) for families who join after August.

No refunds for absences or school breaks.

This program may be cancelled once and may only be cancelled the last day of the month. Once cancelled, this plan may not be reinstated.

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**Payment Plan C**  
**Offered to PreK Students**  
**Drop In Rates**

7:00-7:45am	\$10.00
12:00-2:45pm	\$15.00
12:00-6:00pm	\$30.00

Payable weekly on Fridays.  
(Maximum daily fee - \$30.00/day)

This program option may be changed ONCE from a Drop-In Program to the Wrap-Around Yearly Rate Program. The change will occur on the first day of the following month after the change request. All prior bills must be paid in full before program plan will be changed.

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**Payment Plan D**  
**Offered to PreK Students**  
**Wrap-Around Yearly Rate**  
\$3250.00 per child

Includes Before School (7:00 am) and After School Care every school day until 6:00pm, including early release days when Extended Care is in session.

The Wrap-Around Yearly rate will be added to your monthly FACTS payment plan.

The Wrap-Around Yearly rate will be pro-rated on a 9-month basis (Sept-May) for families who join after August.

No refunds for absences or school breaks.

This program may be cancelled once and may only be cancelled the last day of the month. Once cancelled, this plan may not be reinstated.

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St. Michael Academy  
Before & After School Care Guidelines  
2016-2017 Agreement

**Please return this form to Front Office.**

I have read the St. Michael Academy Guidelines for the Before and After School Program for 2015-2016. My child(ren) and I agree to abide by the rules set forth in this Guidelines packet. I understand that if my child(ren) do not obey the rules or if I do not pay my fees as directed, my child(ren) will not be able to attend the Before/After School Program at St. Michael Academy.

Parent Name (please print): \_\_\_\_\_

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

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Payment Plan Choice: \_\_\_\_\_

Student Name: \_\_\_\_\_ Payment Plan Choice: \_\_\_\_\_

Student Name: \_\_\_\_\_ Payment Plan Choice: \_\_\_\_\_

Student Name: \_\_\_\_\_ Payment Plan Choice: \_\_\_\_\_

**St. Michael Academy**  
**BEFORE & AFTER SCHOOL PROGRAM**  
**2016-2017 REGISTRATION FORM**

Before School Hours: 7:00-7:45am

After School Hours: 2:45-6:00pm ( Grade K – 8)/ Pre K: 12:00 -6 pm

PLEASE PRINT CLEARLY

FAMILY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STUDENT: \_\_\_\_\_ Grade: \_\_\_\_\_ Payment Plan: \_\_\_\_\_

STUDENT: \_\_\_\_\_ Grade: \_\_\_\_\_ Payment Plan: \_\_\_\_\_

STUDENT: \_\_\_\_\_ Grade: \_\_\_\_\_ Payment Plan: \_\_\_\_\_

STUDENT: \_\_\_\_\_ Grade: \_\_\_\_\_ Payment Plan: \_\_\_\_\_

*Before & After-School Program is not in session when school is not in session.*

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Any child picked up after 6:00pm will be charged an additional \$5.00 per every 5 minutes late.

# *Saint Michael Academy*

228 North Fourth Street  
Fernandina Beach, FL 32034

**PLEASE COMPLETE AND RETURN TO SCHOOL**

PLEASE PRINT

Student's Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

For your child's protection, please fill out the name of authorized persons to bring or take your child from the school, other than yourself. Please inform the authorized persons to be prepared to identify themselves to our staff. Please list parent other than one signing this, if authorized to pick up.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

In case of a carpool arrangement, designate such on the line "Relationship", or tell us here what the arrangements will be:

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Is there anyone to whom you **DO NOT** wish your child released? \_\_\_\_\_

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

**SAINT MICHAEL ACADEMY**

**STUDENT DATA AND EMERGENCY INFORMATION**

**DIRECTIONS: COMPLETE IN BLACK INK**

**DATE:** \_\_\_\_\_

**FAMILY NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**STUDENT 1:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**STUDENT 2:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**STUDENT 3:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**STUDENT 4:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**MOTHER:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MOTHER CELL:** \_\_\_\_\_ **FATHER CELL:** \_\_\_\_\_

**FATHER:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**IF YOUR CHILD BECOMES ILL AND BOTH PARENTS WORK, WHICH PARENT SHOULD BE NOTIFIED FIRST?** \_\_\_\_\_

**EMERGENCY CONTACTS:** Persons to be called if parents cannot be reached and authorized to pick-up children:

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HEALTH DATA:** Please list allergies, chronic problems, physical limitations (glasses/contacts or hearing aid) special instructions, and/or daily medications: Please indicate by student 1, 2, 3 or 4: \_\_\_\_\_

Student 1: \_\_\_\_\_

Student 2: \_\_\_\_\_

Student 3: \_\_\_\_\_

Student 4: \_\_\_\_\_

**PLEASE COMPLETE & SIGN PARENTAL CONSENT ON THE NEXT PAGE**



**PARENTAL CONSENT**

Student 1 Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student 2 Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student 3 Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student 4 Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby give consent for my child(ren) to participate in the School Health Services Program and to receive emergency care at school if needed. Screening and appraisals for problems in the areas of vision, hearing, growth and development, nutrition, dental, scoliosis, strep throat

screening, and communicable diseases will be accomplished at various grade levels as part of the School Health Services Program.

In the event of a serious accident or illness, I request the school to contact me. If I cannot be reached, I hereby request designated school personnel to take or send my child to the \_\_\_\_\_ Hospital, and consent to have the named hospital, doctor and/or emergency vehicle agency to bill me for all expenses incurred.

Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of accident or illness where immediate medical treatment is not indicated, but where my child is unable to remain in school, I request the school to contact me. If I am unable to be reached, I request that one of the persons listed on the front of this card can be contacted to care for my child until I can be reached.

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