

**St. Francis of Assisi  
Aftercare Program  
(440) 442-7450 ext: 121**

Thank you for the interest in our aftercare program at St. Francis Assisi School. The program operates from 2:30 pm to 5:30 pm every day that school is in session.

We are committed to providing a safe and healthy environment for children, which relieves parents of supervision worries. The after school program has a very organized schedule that includes time for homework, arts and crafts, snacks, and much needed end of the day play time. You must provide your child's snack. No pop or cans of juice please. Juice boxes or pouches are allowed. If your child needs a spoon for the snack, please provide one. If you need to reach Aftercare or have any questions about the program, please call or text our cell phones:

Jennifer Hradesky (440) 832-0980

Cindy Daugherty (216) 310- 5243

Schedule:

2:30 Students report to classroom for sign in

2:45 Snack from home/Bathroom Break

3:00 Homework-quiet time (Grades 1-8 will need to have a grade appropriate reading book)

4:00 Supervised enrichment: games, crafts, movies, and free play (outdoors/gym)

5:30 Program ends

Fees:

Registration fee: \$40.00 per Family

Care fee: First child care fee - \$180.00; second child care fee - \$140.00 (cards are good for 20 days of care; cards will be kept in the aftercare room and will be signed off each day that your child is in attendance). Cards must be purchased through aftercare. If your account is not up to date your child will not be able to attend the aftercare program until your account is current.

A late fee of \$5.00 will be assessed daily if your child is not picked up by 5:30 pm. There will be an additional charge of \$5.00 for every 5 minutes late thereafter. This fee will be paid directly to the caregiver at the time of each late pick up.

Pick up procedures: Please bring a photo ID when picking up your child. If someone other than yourself or an adult listed on the registration sheet will be picking up your child, we need a note with their name or a phone call. The person picking up your child must show a photo ID.

**Aftercare Registration Form**  
**2019-2020**

Child(rens) name(s)	Grades	Mom's Name: _____
_____	_____	Address: _____
_____	_____	Cell #: _____
_____	_____	Work #: _____
_____	_____	Dad's Name: _____
_____	_____	Address: _____
		Cell #: _____
		Work#: _____

Special instructions (allergies, chronic illness, other important information) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of illness or accident, the following persons may be notified by telephone if I am unable to be reached. They also have permission to release my child(ren) from aftercare.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that one of the above can not be reached, or if serious injury has occurred, I realize that my child will be taken to Hillcrest Hospital.

I wish one of the following Doctors to be notified:

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

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

The following person(s) may not release my child(en) from Aftercare.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

By signing below, I also acknowledge that I have read and understand the aftercare policies and procedures.

Printed name: \_\_\_\_\_

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