

## MORNING AND AFTER SCHOOL GUIDELINES

I agree to the following guidelines for the St. Margaret of Scotland Before and After School Program:

**MORNING CARE BEGINS AT 7:00 A.M.**

**AFTER CARE ENDS AT 6:00 P.M.**

1. Please note that you will be billed on a monthly basis for usage of the program. Therefore, shortly following month-end you will receive a statement and your payment will be due within two weeks of receipt of the statement. Your check should be made payable to St. Margaret of Scotland School. A \$25.00 fee will be charged for any check that is returned for non-sufficient funds (NSF).
2. The Morning and After School Program fee schedule is as follows:
  - \$7.00 an hour for one child
  - \$8.00 an hour for two children
  - \$9.00 an hour for three or more

If the child is picked up past a half hour, you will be charged for an hour.  
(Example: Our program begins at 3:00, pick up your child at 3:50 and pay \$7.00)

3. Checks will be the only form of payment accepted (**payable to St. Margaret of Scotland School**).
4. I will pick up my child(ren) at the scheduled time. After 6:00 pm, an additional fee of \$1.00 will be charged to parents every minute. The late fee will be assessed accordingly and part of your monthly bill if necessary.
5. Please use the front door for pick-up. The Before & After School Program will be in Room 6 (across from the office).
6. I will initial the attendance schedule when I pick up my child(ren) by signing my name and the time I arrived. If someone other than myself will be picking up my child(ren) they will need to show proper I.D. in order for my child(ren) to be released. I will also initial the attendance schedule when I drop off my child(ren) in the Morning Care Program.
7. The program will be closed due to:
  - a. Problem with the school building
  - b. School closing due to weather
  - c. Emergency situations

**NOTE: THERE WILL BE NO BEFORE SCHOOL CARE ON 2 HOUR DELAY DAYS & NO AFTER SCHOOL CARE ON EARLY DISMISSAL DAYS.**

8. I will provide a nutritious snack for my child(ren) each day for After School Care.
9. No medication will be administered during the After School Care Program.
10. The program will include:
  - a. Homework/study time
  - b. Games/puzzles
  - c. T.V./videos (If your child will be bringing their own electronic game, the game must be rated E).
  - d. NO iPODs are permitted.
11. Your child(ren) will be removed from the program for any of the following reasons:
  - a. Lack of payment
  - b. Discipline problem – **Exemplary behavior is expected in the Morning and After School Care Program. Any problems with behavior the parents will be notified immediately and asked to remove their child from the School Care Program.**
12. All terms listed above are subject to change at the principal's discretion.

ST. MARGARET OF SCOTLAND  
AFTER SCHOOL PROGRAM

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STUDENT INFORMATION

Student Name and Grade \_\_\_\_\_

Student Name and Grade \_\_\_\_\_

Student Name and Grade \_\_\_\_\_

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

Address \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

The following people are authorized to pick up my child(ren) from the After School Program. I understand if anyone is to pick up my child(ren) who is/are not listed below, I must contact the principal or school secretary, or my child will not be released to that person.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies or medical conditions we need to be aware of:

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PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PLEASE COMPLETE THIS FORM AND RETURN TO SCHOOL