

BEFORE /AFTER SCHOOL PROGRAM

2010 TO 2011 SCHOOL YEAR

TAX ID: LF 390863293

PHONE 652-2771 EXT. 23

*PRICE LIST ATTACHED FOR B/A SCHOOL

FULL DAY \$32.00 HALF DAY \$21.00

All school children are welcome to participate in our before and after school program. We are open from 6:30 a.m. to 7:30 a.m. Monday through Friday. The aftercare program is open until 5:30 p.m..

Our requirements are as follows:

- We need to have an application on file for each child.
- Child/ Children who come before school will be dismissed at 7:30 a.m. to go to their classrooms. The teachers will then be in their rooms.
- On Thursday 2:00 p.m. dismissal the children will gather in the gym until the Pre-school rooms are free.

On early dismissal days (11:30 a.m.) and other days noted on the school calendar, children must be pre-registered for this half/ full days. The first 18 will be taken on a first come basis – No cancellations once registered. Notification and a copy of the signed form will be sent back to you to let you know if your child has care or is on a waiting list. This form will go home at the beginning of the school year.

After school snacks (preferably fruit and/or crackers) may be sent and usually eaten around 3:15 p.m. On any day your child/ children attends our program when there is no hot lunch available, a cold lunch must be sent with him/ her. Milk will be provided.

If at any time an unauthorized person (anyone who is not listed on your child/children's application) comes to pick up your child/children, a note must be sent to us from the parents. **Please be sure that any person picking up your child/ children has one form of photo identification for verification purposes, including coaches.**

If your child is going to a sport practice from the after care program, be sure to make arrangements with their coach to sign them out and have them on your pick-up list.

We suggest that if your child/ children are in the primary grades, a note be sent to the teacher informing him/ her that your child will be going to the After School Program.

The center closes at 5:30 p.m. There is a late fee of \$1.00 a minute after 5:30 p.m. for each child. There is a late fee of \$1.00 a minute after 5:30 p.m.

Billing is done for the before and After School Program on a post pay basis. Bills will go out at the beginning of each month starting in October and proceeding thru June. The bills will be sent out thru the school office to the children's classrooms, October thru May.

Bills are due upon receipt and if not paid within 14 days a \$5.00 late fee per account (each child is an account) will be added each week until paid. June's bill will be sent in the mail to your home and must be paid by July 1st. If not paid by July 1st the same late fee policy will apply each week of summer.

Also, any one registering for the special 11:30 dismissal or full days off will be held accountable for the said days. Please make sure you need them before you register. There is a no cancellation policy. All accounts must be at \$0.00 balance to participate in the program the following school year. The special form sent home should be returned to the PRESCHOOL OFFICE ONLY!

Detach and return bottom

I have read the information above, and I understand and will abide by the Holy Rosary Pre-School Center's policies.

Parent's Signature _____

Date _____

Received in the Preschool Office: Date: _____

ENROLLMENT DATE _____ Grade _____ Rm. _____ Year _____

HOLY ROSARY PRE-SCHOOL CENTER-BEFORE/AFTERCARE
2215-43RD. STREET/ MAILING ADDRESS 2224-45TH STREET
KENOSHA, WI 53140

*Please use black ink pen

Grade ____ Room ____

APPLICATION FORM

Child Name _____ Address _____ Zip code _____

Age _____ Date of Birth ____/____/____ Sex ____ Male ____ Female ____

B/A School care as needed

Father's Name _____ Home Phone _____
Home Address _____ Zip Code _____
Place of Employment _____ Address _____
Work Phone # _____ Cell Phone # _____

Mother's Name _____ Home Phone _____
(Include maiden name)
Home Address _____ Zip Code _____
Place of Employment _____ Address _____
Work Phone # _____ Cell Phone# _____

Family Physician _____ Phone# _____

Emergency Contact Person _____ Phone# _____
Cell Phone# _____

***** PICK UP LIST NEXT PAGE*****

**NAME AND RELATIONSHIP OF PERSONS
AUTHORIZED TO PICK UP YOUR CHILD:**

Name	Relationship	Phone #	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I GIVE MY PERMISSION FOR THE HOLY ROSARY PRE-SCHOOL CENTER TO CONTACT OUR FAMILY PHYSICIAN OR REFER MY CHILD (CHILDREN) TO MEDICAL CARE INCASE OF AN ACCIDENT OR EMERGENCY. THIS PERMISSION IS TO BE USED ONLY WHEN THE PARENT OR EMERGENCY CONTACT PERSON CANNOT BE REACHED IN A REASONABLE LENGTH OF TIME.

Parent Signature: _____