

St. Clare/St Paul School After School Care Program 2020-2021

St. Clare/St. Paul School (SCSP) will offer an After School Care Program (ASCP) for the 2020-2021 school year. The program will be offered at the Primary Campus. Students enrolled in grades Pre-K to 5th are eligible. This program will reflect the philosophy and mission of SCSP School. It was designed to meet the needs of our students and parents. The ASCP will provide a safe, nurturing environment that is a natural extension of our school community. Monday –Thursday ASCP will be held in the St. Clare church basement and Friday, at the primary campus building. Church basement phone number – 570-343-4113, Mrs. Tomko's cell phone number – 570-903-7064.

Hours of Operation

On regular school days, the program will operate from the time school is dismissed until 5:30 PM. The After School Care Program will not be available on early dismissal days or when school is closed. The ASCP will begin on Thursday, Sept. 10.

Main Campus Students

Due to the Scranton School District not providing bussing this year, we cannot transport main campus students to primary. Main campus students are welcome, but must obtain your own transportation.

Registration Form

All students who may participate in the After School Care Program <u>must</u> complete a registration form. *Please return it the first week of school or email to <u>ttomko@scspscranton.org</u>. Any student (car rider/walker) that is not picked up by 2:30 will be sent to the ASCP and the families will be billed for one hour. <i>Therefore, if there is any chance you will use the ASC, please complete the registration form.* Please note that the After School Care Program may be used on a daily basis or as needed. Please write a note to the student(s)'classroom teacher on the day the child(ren) will be attending the program.

Fees and Payment Policy Schedule

- 2:30-4:00-\$5.00 (per day)
- For each additional 15 minutes that your child remains in the ASCP beginning at 4:00 there will be a \$1.00 increase.
- Families will be billed weekly with payment due upon receipt.
- Please **make checks payable to SCSP School-ASCP**; and send to the school Attention: **Christina Tomko.** *This check should be separate from all other school payments.*
- If payment is not made within 10 days upon receipt, the family may not utilize the ASCP until payment is made. Three late payments will remove the family from the ASCP for the 2019-2020 school year.

Pick Up

- Parents/guardians are required to sign their child(ren) out of aftercare. Pick up in rear of Church/school.
- Children will not be permitted to leave with someone not listed on the child's contact sheet. Written notice must be given for individuals not listed. For safety reasons, no child will be released without a parent/guardian signature.
- Parents will be assessed a \$20.00 late fee if students are picked up after 5:30 PM. This fee will be included in the monthly invoice. Three late pick ups will result in removal from the ASCP for the 2020-2021 school year.

General Information

- All children participating in the After School Care Program will remain in their classroom at primary and the ASCP caregiver will pick them up and walk them to St. Clare's church basement. Students will participate in various activities such as games, study/homework time and outdoor play(weather permitting).
- The After School Care Program operates within the written policies of the school. Children are expected to be courteous and respectful to teachers, staff, and other students. If a child should receive three (3) behavior slips, they will be suspended from the ASCP for one month.
- Please provide your child(ren) with a healthy snack (non peanut) and drink.



St. Clare/St. Paul School After School Care Program Registration Form 2020-2021

Student Name		Grade		
Parent Information: Name		Phone Numbers; Home Cell		Work
Mother				
Father				
After School Care Pro	_	t apply)		
Monday	Tuesday	Wednesday	Thursday	Friday
 As needed Please write a not program. The following are aut 		assroom teacher on the one of the		be attending the
Name		Phone Number		
Allergies/Medical Iss	ues			
I have provided my einformation will be re I agree to the paymen	eported to the office	ce.	-	_
Parent/Guardian Sign	ature	_	Date	