



St. Therese School Before-Care & After-Care Services

We are pleased to offer our school parents several options regarding before-care and after care services. Parents may choose to use Before-Care only, After-Care only, or both.

Program Highlights

- Before-Care operates from 6:30-8:00 a.m. daily.
- After-Care operates from 3:15-5:30 p.m. on Monday, Tuesday, Thursday, Friday, and 2:15-5:30 p.m. on Wednesday.
- All services are provided in the Parish Activity Center.
- A parent/guardian is required to sign the child in and/or out each time they use these services.
- On 2-hour delay days, Before-Care opens at 6:30 a.m. If the delay decision transitions to a snow day closure, children attending Before-Care must be picked up by 10:00 a.m.
- In order to use these services, you must complete the attached registration form before the program begins.

Program Costs & Financial Information

Fees (per child)

- Before-Care only - \$10.00/day
- After-Care only - \$12.00/day
- Both - \$16.00/day

A printed invoice will be sent home with the child each week. All fees must be paid weekly. Failure to pay the program fees in full each week will result in the child being prohibited from using these services until all fees are up to date.

We accept cash, major credit cards, and personal checks or money orders made payable to St. Therese Catholic School. Checks returned due to insufficient funds will result in an additional \$40 fee being assessed to the family, and the school will no longer accept their checks.

St. Therese Catholic School
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Phone: (260) 747-2343 Fax: (260) 747-4767
Website: www.stthereseschoolfw.org

ST. THERESE CATHOLIC SCHOOL
BEFORE/AFTER CARE PROGRAM



Child/Children's Information

Name _____
(first) (middle) (last)

Allergies/Medical Conditions _____

Name _____
(first) (middle) (last)

Allergies/Medical Conditions _____

Name _____
(first) (middle) (last)

Allergies/Medical Conditions _____

Morning Care Only _____ Afternoon Care Only _____ Morning/Afternoon Care _____

Parent/Guardian's Information

Parent/Guardian Name _____ Relationship _____

Parent/Guardian Name _____ Relationship _____

Address _____ City _____ Zip Code _____

Place of Employment _____ Occupation _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____ E-mail _____

Please state any custody arrangements and provide court documentation.

Authorized Pick Up/Emergency Contacts (Must be 18 years or older)

I hereby give my consent for the following individuals to pick up my child/children from the St. Therese Before/After Care Program. I understand that the St. Therese Before/After Care Program is not responsible for my child/children once they have been signed out of the Childcare Program.

In an emergency situation, the St. Therese Before/After Care Program will always try to contact the parent(s)/guardian(s) first. In case he parent(s)/guardian(s) cannot be reached, we will contact the following emergency contacts. Please list at least two emergency contacts in order of preference for contact.

Authorized Pick Up: ___ Mother ___ Father ___ Guardian(s)

Name _____

Name _____

Relation to child _____

Relation to child _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Authorized Pick Up _____

Authorized Pick Up _____

Emergency Contact _____

Emergency Contact _____

Name _____

Name _____

Relation to child _____

Relation to child _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Authorized Pick Up _____

Authorized Pick Up _____

Emergency Contact _____

Emergency Contact _____

Parent/Guardian's Consent

My child/children has/have permission to participate in the St. Therese Before/After Care Program activities. Basic first aid and emergency treatment are authorized. I recognize and acknowledge that there are certain risks of physical injury, and agree to assume full risk of injuries, damages, or loss which said participant may sustain as a result of participating in any and all activities connected with or associated with such program. I authorize St. Therese Before/After Care Program to transport my child via emergency transportation should it be deemed necessary by the staff.

I understand that it is my responsibility to inform the St. Therese Before/After Care Program of any allergies or any other medical condition of the participant(s). I also understand that it is my responsibility to keep the St. Therese Before/After Care Program informed of any changes to the above information including phone contacts and persons authorized to pick up the participant(s).

Parent/Guardian's Signature

Date

Printed Name