

St. Mary of Mount Carmel School

After School Program

St. Mary of Mount Carmel's After School Program provides extended care for students who require school supervision during the hours of 2:30pm to 5:30pm. This professionally operated program allows children to experience a rich diversity of growth activities within a Catholic environment. These activities are planned to complement the philosophy and value systems of St. Mary of Mount Carmel School while in attendance.

The program will provide the students with opportunities for snack (provided from home), large motor skill development in playtime outside, homework time, game playing and socializing with their peers. The service is available from Pre-K through 8th grade on a regular basis or for occasional utilization of the program.

Students in grades Pre-K to 8th grade will report to the cafeteria where members of the school's faculty will greet the children to take attendance. The students will have a snack and go outside on the playground (weather permitting). They will also do their homework, watch movies, read, or play a game quietly. **Any dietary problems should be carefully explained on the registration form.**

Pick-up of Students

When picking up at the end of the "After School Program," please come to the side door of the Cafeteria (parking lot on the side of the school). If you are going to be late in picking up your child, please call (570-346-4429) to reach a faculty member on duty for the day.

Registration Procedure

All parents interested in utilizing the "After School Program" regularly, or occasionally, must complete a registration form and/or contact Ms. Alison at (570)346-4429. All students planning to use the program must be pre-registered. Any child who is not pre-registered will not be allowed to participate in the program. Registration will involve completing an emergency form along with an agreement of payment. **An initial registration fee of \$15.00, per family, is required (cash or check payable to St. Mary's School).**

Weekly registrations are, once again, required. Weekly registrations must be handed in to the office each Monday morning, with payment, for the week of program usage. Your child may attend one day or all five, if needed. Please notify your child's teacher, via note or email, on the days your child will be using the after-school program. This is extremely important to ensure the safety of the children.

The After-School program will run from 2:30 to 5:30pm each day. The cost will be:

\$7.00 per child, per hour

Fees are charged by the hour. There is a late penalty fee of \$15.00 for every 10 minutes that a parent is late in picking up a child.

If you are interested in using the program, please fill out the necessary forms and return them to the school by Wednesday, August 28, 2024, or they can be emailed to afazio@smmcdunmore.org. It is necessary that we receive this information in a timely manner in order to prepare staffing and scheduling.

Hours of Operation

The program will operate each school day until 5:30pm except on Early Dismissal days, before holidays and on days when school is **not** in session. We will not operate on snow days or early dismissals due to inclement weather. The program will not be open on school holidays, weekends, or scheduled early dismissals before holidays.

**** Our After-School Program will begin on Tuesday, September 3, 2024****

SMMC
After-School Program
Registration/Medical Form

Family Name: _____

Child/ren name(s) and Grade: _____

How often do you plan on using the After-School Program? (Check one)

_____ Daily

_____ Weekly (Circle which day or days)

Monday Tuesday Wednesday Thursday Friday

_____ Occasionally, Less than one day per week

At what time can we expect your Child/ren to be picked up? _____

Mother's Name: _____

Work Phone: _____

Cell Phone: _____

Father's Name: _____

Work Phone: _____

Cell Phone: _____

Please list the names and telephone numbers of anyone who can be called in an emergency if you cannot be reached.

Medical Information (This information will be kept confidential. It is requested only to assist in emergency/illness)

Is your child taking medications? _____

If yes, please name and indicate the type of medication

May your child be given first aid treatment if needed? _____

May your child be taken to the hospital if necessary? _____

Hospital of preferences: _____

Does your child have any allergies, or medical concerns? _____

If yes, please indicate the concern

Please include registration fee of \$15.00, per family, (cash or check payable to St. Mary's School). Your child(ren) will not be able to attend After School until registration fee and medical information is returned to the school office.

Signature of Parent/Guardian: _____

Date: _____

Saint Mary of Mount Carmel School

After School Program

WEEKLY REGISTRATION FORM

WEEK OF _____

Student's Name: _____ Grade: _____

DAY:

TIME:

Monday

Tuesday

Wednesday

Thursday

Friday

I agree to the payment outlined in the program information provided by the school on August 28, 2024. Payment is due along with this registration.

Signature of Parent/Guardian

Date