

# 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 5:00pm. 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 8<sup>th</sup> grade on a regular basis or for occasional utilization of the program.

Students in grades Pre-K to 8<sup>th</sup> 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. Parents may request that their son/daughter complete all of their homework before they play. A snack and a drink will have to be provided from home. Any dietary problems should be carefully explained on the registration form. This year, due to COVID-19 protocols students will need to remain with their class cohorts while at afterschool. The Afterschool Program will follow the same COVID-19 protocols that will be utilized throughout the school, such as hand sanitizing and social distancing.

### **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. If, for some reason, the program is moved to an upstairs room, you will be notified through the Remind system. We ask that no

parents enter the building for pick-up. Please knock on the door and your child will be sent out to you.

### **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 \$10.00 per family is required.**

### **Hours of Operation**

The program will operate each school day until 5:00pm 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.

Extended Day Program  
Registration/Medical Form

Family Name: \_\_\_\_\_

Child/ren name(s) and Grade: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often do you plan on using the Extended Day 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 Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

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.

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May your child be given first aid treatment if needed? \_\_\_\_\_

May your child be taken to the hospital if necessary? \_\_\_\_\_

Hospital of preference: \_\_\_\_\_

Does your child have any allergies, or medical concerns? \_\_\_\_\_

If yes, please indicate the concern.

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Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# 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, 2017.  
Payment is due along with this registration.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**SCHOOL USE ONLY**