***Catholic Academy of Niagara Falls***

***Before & After-School Latchkey Program***

***2023-2024***

**About Us**

The program is run by our highly qualified teachers and staff. It provides professional care, supervision, recreation, and enrichment activities. Our program serves working families who desire both private school education and supplementary daycare in a Christian environment for children enrolled at Catholic Academy in Grades Pre-K 3 through 8.

**Hours**

Before School hours: 6:45 am until 7:50 am each school day

After School hours: 2:20 p.m. until 5:30 p.m. each school day

Both programs begin on the first day of School.

**\*\*We will be closed after school for Halloween, the day before Thanksgiving break/Parent Teacher Conferences, the day before Christmas break, the Friday of the auction, and the last day of school.**

**Fees**

Hourly: **$8.00** per hour (AM & PM) - TAKE OFF

Daily: $8 Just AM, $20 Just PM, $25 AM & PM

Monthly: **$180.00** per month for the 1st child & $165.00 for each additional child (this fee includes both morning and afternoon latchkey)

\*No discount will be given for months that include Christmas or Spring break or the month of June.

If you choose the Monthly Fee in September, you must continue paying monthly through June. **Preferred method** **of payment is by check or credit card. Monthly fee may be added to FACTS account.**

A $30.00 charge will be assessed for all returned checks.

The Director is employed **only until 5:30 p.m**. It is only common courtesy to respect the time of closure. A $20.00 fee will be assessed for late pick-up if the Director ascertains that a late pick-up, or a history of late pick-ups, occurs without justifiable cause.

**\*\*Balances must be paid monthly. If your account becomes delinquent after 30 days, your child will not be able to attend and the balance will be added to your FACTS account.**

**Medical**

If your child is ill during program hours you will be contacted to come pick him/her up. If your child throws up or has a fever during program hours, they will not be permitted to return to school unless they are symptom free for 24 hours.

In cases which appear serious, the Program Director will contact the parents/guardians on the registration form. If they cannot be reached, she will contact the emergency contact. If no one can be reached, the Program Director will act according to her best judgment for the welfare of the child.

If your child is on any medication please be sure to list them on the registration form.

**Emergency & Safety**

One of the most important concerns is the child leaving the premises of the After School Program. Parents or guardians should not take children from the school without notifying the director. Children will only be released to the people listed on the registration form unless otherwise notified. If a person is not on the list, for the child’s safety, the release ***will not*** be granted.

**Snacks**

Children can bring in breakfast for the Before School Program.

Children must bring their own snacks to the After School Program. Snack is at 3:45pm. Snacks must not need refrigeration or heating up. If your child has a food allergy, please be sure to specify this on the registration form.

**Sports**

Sports often affect the time your child will be in the After-School Program. If the practice is not right at dismissal, you will be charged for the time your child is waiting. If the practice ends before you are able to pick up your child, you will be charged the time they are waiting for you.

**Behavior**

As members of a Christian and caring community, the children will be expected to respect the staff, each other, the materials, and environment provided. If serious behavior occurs, the student will be written up as this is still a school program. Recurrent behaviors may lead to dismissal from the program.

**Things from home**

It is requested that children not bring toys from home. If a personal toy becomes a problem, it will be confiscated until the child leaves to go home.

**Registration**

Please complete the attached registration if your child will be attending the Before/After School Program. This form is what we will use to keep on file for your child.

**Program contact information**

If you need to contact the After-School Care Program between 2:20 pm – 5:30 pm please contact:

 Mrs. Edel 716 - 283-1455 x 210 (classroom)

 Latchkey Room 716 - 283-1455 x 212 (classroom)

 Miss Allison 716 - 283-1455 x 213 (classroom)

**\*\*\*Please do not call the school office after 2:30pm.\*\*\***

\*\*\*Price and information subject to change.

**Catholic Academy of Niagara Falls**

**Before & After-School Care Program Registration**

**Contact & Emergency Information**

**2023-2024**

Student’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

**Contact Information**: There are times while in the after-school program that we may need to get a hold of someone (the child doesn’t feel well, needs a change of clothes, etc.). We are required to have contact information available. Please provide the names and contact information, in priority order, in the spaces below. Also, list phone numbers in the order we should call them indicating home, work, or cell. Include any information that will help us know the best time to contact each person such as work days and hours.

**Parent/Guardian #1 Information**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell

 Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell

 Other helpful information/work hours or days\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian #2 Information**:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell

 Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell

 Other helpful information/work hours or days\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact #1**:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell

**Emergency Contact #2**:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell

**Emergency Information**

Any allergies or other health concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications taken regularly:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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