

THE SCHOOL OF SACRED HEART ST. FRANCIS de SALES

After School Enrichment Program

Explore

Experience

Discover

Mission: To provide a safe, nurturing environment where students can work on homework assignments and actively participate in enriching activities.

- Flexible Enrollment: Choose 1 or any combination of weekdays.
- 2:45 p.m. – 5:05 p.m. Monday through Friday when school is in session
- Homework Club
- Enrichment activities will be offered that follow a theme for each month of the school year.
- Fee \$10.00 per day (After School Program sponsored completely by The School of Sacred Heart St. Francis.) This must be made prior to your child participating. If the fee has not been paid you will be called to pick up your child.
- Parents who are late picking up their children will be charged \$ 1 per minute per child.

Schedule:

- 2:45 p.m. - 3:00 p.m. Welcome, Snack
- 3:00 p.m. - 3:30 p.m. Outdoor Play
- 3:00 p.m. - 4:00 p.m. Homework Clinic
- 3:30 p.m. - 4:30 p.m. Enrichment Activity.
- 4:30 p.m. – 4:45 p.m. Wrap-Up
- 4:45 p.m. – 5:05 p.m. Student Pick up

Registration Process:

Parents fill out the After School Registration forms. A form will be included in the Wednesday envelopes for students to sign up. Weekly sign up sheets are then turned in with payment to teachers by Friday for the following week.

Safety is our number one concern. Therefore, the program will be cancelled any day that school is cancelled for bad weather. If the weather worsens during the school day, we may also cancel programming.

Be sure to save this letter. For registration or for further information contact the main office at 442-2446.



Providing excellence in academics and a deepening faith in God and Gospel Values in an environment that is caring, challenging, and respectful, striving to develop in every student the habits of thinking critically and acting responsibly in daily life.

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After School Enrichment Registration Form

Child's Profile



Name _____

Date of Birth _____ Age _____ Gender _____

Teacher _____ Grade _____

School Address _____

Does your child have any special needs in school? (If Yes, explain) _____

What subject(s) do you think your child needs more help with? _____

Is there anyone not allowed to contact your child? (Please state name) _____

Relation to child _____

PARENT/GUARDIAN PROFILE

Mother _____

Father _____

Address _____

Address _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

Home Telephone _____

Home Telephone _____

Beeper / Cellular _____

Beeper/Cellular _____

EMPLOYMENT INFORMATION

Work (Co. Name) _____

Work (Co. Name) _____

Work Telephone: _____

Work Telephone _____

Address _____

Address _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

Marital Status M S Sp D W

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Release Form

Child's Name _____

Address _____

Home Telephone _____ Work _____ Beeper/Cell _____

Child's Illnesses / Medications _____

Medical Coverage _____ Policy # _____

Doctor's Name _____ Phone # _____

Address _____

I, _____, the parent or guardian of _____, do hereby give my permission for said child to participate in the Sacred Heart St. Francis After school Program. I understand that participation in the Program activities may result in injury and agree not to hold Sacred Heart St. Francis School or its counselors responsible for such injury. In the event that I cannot be reached in an emergency, I do further authorize the physician selected by the adult in charge to treat, secure proper anesthesia, hospitalize or to order injection or surgery for my child. I, the parent or guardian of the above named child, state that I am not aware of any physical condition that should prevent or restrict his/her active participation in our programs.

Signature of Parent/Guardian: _____

Date: _____

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After School Enrichment Program Authorization for Pick-Up



Ms./Mr./Mrs. _____ Legal Guardian of

Student Name: _____ Grade: _____

The following people are authorized to pick up my son/daughter after school:

1. _____ Relationship to student: _____

2. _____ Relationship to student: _____

3. _____ Relationship to student: _____

4. _____ Relationship to student: _____

5. _____ Relationship to student: _____

I **DO NOT** authorize the following people to pick up my son/daughter:

1. _____ Relationship to student: _____

2. _____ Relationship to student: _____

If needed, I will supply the school principal and the main office with legal documents of custody arrangements/restrictions.

Date: _____

Address: _____

Parent's Signature: _____

Day Time Telephone: _____ Evening Telephone: _____

e-mail address: _____

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After School Enrichment Program

Consent to Publish



The SHSF ASEP would like to share what is going on out of school with the community.

Student Name: _____ (One sheet per child)

Student Parent/Guardian Name(s): _____

Please Print

We would like you to read the following and check all that apply.

_____ My/Our child has permission to have photos taken for the display of their participation in the SHSF ASEP for the Bennington Banner and other area newspapers.

_____ My/Our child has permission to have Videotape taken for their participation in the SHSF ASEP for use in a school video or display on CAT TV. .

_____ My/Our child has my permission to display in the community or have photos taken for the display of their art, video or school work related to their participation in the SHSF ASEP program in a public arena including the hospital or other community venue. This would include video work for CAT TV.

_____ I do not wish my child to be photographed, taped or art work displayed in the community for any reason or event.

NOTICE: Your consent may be withdrawn or revoked at any time. Please contact the SHSF ASEP Office if you have any questions or if you wish to revoke your consent. Please realize that even if you prefer not to have your child photographed or filmed for public display, they may be inadvertently filmed in the course of developing an instructional program or to demonstrate instructional technique or content.

Non-local media access is rare and an effort to communicate that with you prior to the event will be made in advance if possible.

Parent/Guardian Signature

Date

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