Dear Parents,

Enclosed is information as well as the registration materials for our after school program here at St. Rose of Lima School**.**

It is meant to help families of single parents or of both parents working outside the home. If you are registering your child, please complete the enclosed forms and return them with the first month's fee. We encourage you to return them as soon as possible to guarantee a place for your child.

The program begins Monday, September 12th. You will receive a tuition statement at the start of the program. The enclosed registration form, emergency contact form, and medical consent form (which must be notarized) are due on or before the first day your child attends the program. **Please complete the medical consent form that corresponds to your county of residence.**

If you have any questions, please email me at bjensen5641@stroseschool.net.

Return the completed forms to:

St. Rose of Lima School
4704 Merrick Road
Massapequa, NY 11758

Mark the envelope ATTENTION: St. Rose Aftercare.

Sincerely,

Brian Jensen

Mr. Brian Jensen
Principal

ST. ROSE OF LIMA SCHOOL AFTERCARE PROGRAM:

St. Rose's Aftercare Program is a service to our students and their parents, which provides well-supervised, after-school activities for children in grades PreK through 8th. The program focuses on creative play, physical activity, and homework time. The goal is to alleviate the pressure of single parents, or of both parents working outside the home.

ACTIVITIES: The program, which is coordinated, supervised, and presented by qualified personnel, provides a variety of activities. The children can do puzzles or play quiet games. A period of physical activity will be provided, weather permitting. Other planned activities, such as arts and crafts, or a special activity will also be provided. Our emphasis is on safety, fun, and friendship.

BEHAVIOR: Appropriate behavior is essential for the safety and well-being of all of the children. If the behavior code is not followed, parents will be notified, and dismissal from the program may follow.

PROCEDURES: The program will be in operation on the days school is normally in session, excluding early dismissal days, from dismissal until 6:00 p.m. (5:00 p.m. for PreK). CHILDREN MUST BE PICKED UP NO LATER THAN 6:00 P.M. It will not operate on school holidays or during vacations. Parents may select either 3 days or 5 days, but it is expected that students will attend on a regular basis. The opportunity to switch days within a week from time to time may be available depending on space. The cost of the program is listed below. THIS AMOUNT INCLUDES SEPTEMBER THROUGH JUNE, WITH NO DISCOUNTS GIVEN FOR SHORTENED MONTHS, SCHOOL CLOSINGS, ETC.

3 Days per week: $205 per month

5 Days per week: $315 per month

Ten equal monthly payments are due on the first day of each month. Children may not begin a new month unless payment is up-to-date. Two weeks written notice must be given if you intend to withdraw you child from the program.

Please complete the Registration Form and return it to the school office. The first month's payment is due by September 9th. Make checks payable to St. Rose of Lima School and notate it St. Rose Aftercare. If you are not sure about your need for the program, please complete the form and check the appropriate line of the registration form.

REGISTRATION FORM

Child's Name: _____Grade in September: _____

Number of Days Requested (circle): 3 Days 5 Days

Program days requested (circle): Monday Tuesday Wednesday Thursday Friday

Parent's Name: _____ Home Phone:_____

Address: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____

Special questions/comments/concerns:

_____

_____First month's payment enclosed

_____I am interested in the St. Rose of Lima Aftercare Program, but am not ready to register at this time.

ST. ROSE OF LIMA SCHOOL EMERGENCY CONTACTS

Please complete this form to enable us to care for your child in an emergency situation. It is your responsibility to advise us of any changes IMMEDIATELY. Your child's health and safety are foremost in our minds, but we need and expect your full cooperation.

Child's/Children's
Name(s):_____

_____

Address:_____

Mother's Name:_____

Home Phone No._____

Work Phone No._____

Cell Phone No._____

Father's Name:_____

Home Phone No._____

Work Phone No._____

Cell Phone No._____

CONTINUED ON THE NEXT PAGE

ST. ROSE OF LIMA SCHOOL AFTERCARE EMERGENCY CONTACTS CONTINUED

Please list two emergency contacts in case we are not able to reach you. These individuals should be able to drive and pick up your child within 15 minutes of notice from our office. Do NOT list anyone in (212) and (718) area codes.

Name:_____

Phone No._____

Name:_____

Phone No._____

If you wish, please list the name of a family either in the St. Rose Aftercare Program or a St. Rose of Lima School family (who you have already spoken to) who has your permission to pick up your child in case of cancellation or early dismissal of the St. Rose Aftercare Program.

Family Name:_____

Phone No._____

_____

Parent's Signature

_____

Date

AUTHORIZATION CONSENTING TO MEDICAL TREATMENT FOR MINOR CHILD

I, _____, the parent/guardian of _____

_____, a minor child who was born on _____

and resides at _____ in the county of Nassau in the State of New York, authorize an adult at the St. Rose Aftercare Program to seek emergency treatment for my child. Such treatment includes, but is not limited to, examination, x-rays, laboratory tests, medical and surgical treatment, use of medication, anesthetics, sutures, and admission for hospital care, should this be necessary, when efforts to contact me are unsuccessful. It is understood that such care will be given upon the advice of a duly licensed physician or surgeon.

My family doctor is_____. Phone_____

I authorize that you may call him/her in case of an emergency. Any physician acting in his/her place should be advised that my child has the following allergies:_____

_____

_____

Sworn to before me this _____ day of _____, 201____

_____
Notary Public

_____
Signature of Parent/Guardian

AUTHORIZATION CONSENTING TO MEDICAL TREATMENT FOR MINOR CHILD

I, _____, the parent/guardian of _____

_____, a minor child who was born on _____

and resides at _____ in the county of Suffolk in the State of New York, authorize an adult at the St. Rose Aftercare Program to seek emergency treatment for my child. Such treatment includes, but is not limited to, examination, x-rays, laboratory tests, medical and surgical treatment, use of medication, anesthetics, sutures, and admission for hospital care, should this be necessary, when efforts to contact me are unsuccessful. It is understood that such care will be given upon the advice of a duly licensed physician or surgeon.

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_____

Sworn to before me this _____ day of _____, 201____

_____
Notary Public

_____
Signature of Parent/Guardian