

## St. Anthony's Afterschool Program Pup's Club

Dear Parents:

This program is a service to parents whose working hours do not coincide with their children's school hours. It will be open to St. Anthony families only. While we will not be able to accommodate every child or every parent's schedule, we do hope to offer a program that will serve many.

The St. Anthony's Pup's Club is offered on school days ONLY, both full and half-days. It will NOT be open on HOLIDAYS, TEACHER INSTITUTE DAYS (as noted on monthly calendar), or SNOW DAYS. Most of these days, with the exception of snow days and institute days, are posted on the school calendar which is given out at registration in August. The program will run after school until 5:30p.m.

This program is to be self-supporting. All expenses, such as the caregivers' salaries, supplies, snacks, and paper, will be met from the fees charged. No funds will come from the church or school. A daily fee will be charged. This fee will be more on half days. No refunds will be made for illness or last minute cancellations.

### The fees are:

	3:00-5:30pm	Half Days-5:30pm
1 Child	\$7.00/day	\$13.00/day
2 Children	\$12.00/day	\$20.00/day
3 Children	\$17.00/day	\$25.00/day
4 Children	\$22.00/day	\$30.00/day

A calendar will be sent home monthly. This will be used for parents to report the days that their child(ren) will be attending the St. Anthony's Pup's Club. These calendars will go home with the eldest student and should be returned to school at least a week before the start of the new month. **Example:** The calendars for August/ September will be given to you in your student's family packet. You would mark the days your child (ren) would use the afterschool program for each month and return the calendars to school by August 22 or a week before school starts. Then in September you would receive the calendar for October and this should be marked accordingly and returned to school before the 22<sup>nd</sup> of September.

All fees must be paid at the beginning of each month. If a child is not picked up by 5:30 p.m. an additional fee of \$10.00 for first 15 minutes will be charged. This is to protect and compensate the staff.

The adults working for St. Anthony's Pup's Club will be carefully screened and interviewed. They will have a background check and go through the Protecting God's Children Program.

Students will report to the cafeteria. The time will be organized according to grade levels. All students will have a snack, time for active play (outside if weather permits), and quiet play (board games, crafts, etc.) There will also be time to study, do homework, and or read.

We will need the attached registration forms filled out before we can care for your child.

Sincerely,  
Debbie Kabbes  
St. Anthony's Pup's Club

**ST. ANTHONY'S PUP'S CLUB**  
**Registration Form for 2011/2012**

**Please return this form to the school office  
with registration fee of \$30.00 per family.**

\_\_\_\_\_  
Child's Last Name First Name

\_\_\_\_\_  
Child's Last Name First Name

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Grade(s) \_\_\_\_\_ Parent's Email address: \_\_\_\_\_

Parent(s) or Guardian(s) with whom the child lives:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Occupation \_\_\_\_\_

Physician:

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

In case of health and/or emergency pick-up contact:

Name/Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relation \_\_\_\_\_ Phone \_\_\_\_\_

Please tell us anything about your child that you think would be helpful for us to know:

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

\_\_\_\_\_ I would like to reserve a space for daily afterschool care.

\_\_\_\_\_ I would like to reserve a space for part-time afterschool care.

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

\_\_\_\_\_  
Date

**St. Anthony's Pup's Club**  
**EMERGENCY MEDICAL AUTHORIZATION**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

*After unsuccessful attempts to contact the parent/guardian by telephone, the following doctors will be contacted in the order given:*

Doctor _____	Doctor _____
Address _____	Address _____
Phone _____	Phone _____

*In the event of serious illness or injury, the child will be taken to **St. Anthony's Memorial Hospital** for emergency treatment.*

ALLERGIES to MEDICATIONS \_\_\_\_\_  
Food /Other \_\_\_\_\_

NOTE: *The staff will not administer any prescription or nonprescription drugs.  
Please notify the staff if the child is ill with a communicable disease.*

Please list any medical information or medication you feel is important for us to know:  
\_\_\_\_\_

**EMERGENCY CONTACTS**

*Please give the name, address, and phone number of two people who may be contacted in case of emergency or illness, when the parent or guardian is not available. For convenience, these contacts should be within the vicinity of the school district during the hours of the program.*

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____

**St. Anthony's Pup's Club and St. Anthony Grade School** is not liable for any claim arising out of the doctor's actions. All medical expenses shall be the parent/guardian's responsibility. I agree to assume the full risk of any injuries, including loss of life, damages, or loss which my child may sustain while at **St. Anthony's Pup's Club**. I further agree to waive and relinquish the directors, employees and volunteers of the **St. Anthony's Pup's Club and St. Anthony's Grade School** from any and all claims resulting from injuries, including loss of life, damages, and losses sustained by my child and arising, connected with, or in any way associated with. **St. Anthony's Pup's Club**.

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

Both signatures required, if possible.

Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ WkPhone \_\_\_\_\_  
Date \_\_\_\_\_ Email address: \_\_\_\_\_

## St. Anthony's Pup's Club Parent Contract

In consideration of my child's participation in St. Anthony's Pup's Club, I agree to the following:

1. I agree to pay a nonrefundable registration fee of \$30.00 per family.
2. I agree to pay as my share of the cost of St. Anthony's Pup's Club an amount determined by the number of sessions my child is attending and specified herein. I agree to submit each month's fees by the 1<sup>st</sup> day of each month. I understand that there is a \$15.00 late fee for payments made after the 5<sup>th</sup> day of each month.
3. I understand that one month's prior notification of withdrawal from the St. Anthony's Pup's Club is required.
4. I agree that I will pick up my child by 5:30 P.M. or earlier and I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. I understand that in the event my child is not collected by 5:30 P.M., a fee of \$10.00 for the first fifteen minutes (until 5:45 P.M.) and \$10.00 for each additional fifteen minutes or any part thereof will be charged. After 6:00P.M. my emergency contact will be called.
5. I agree to personally pick up my child from St. Anthony's Pup's Club and sign him or her out for the day except when I have authorized in writing alternative arrangements.
6. I agree that the St. Anthony Board of Education, St. Anthony Grade School including employees and volunteers, and St. Anthony's Pup's Club Directors will be held free and harmless from any and all injuries occurring to my child, except as to injuries that directly result from acts of negligence on part of St. Anthony Board of Education, St. Anthony Grade School including employees and volunteers and St. Anthony's Pup's Club Directors.
7. In the event of an emergency, I give my permission to the teacher to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to any emergency medical treatment.
8. I understand that in the event of continued late payment of tuition, late pick-up of my child, or for any other good cause, St. Anthony's Pup's Club reserves the right to remove any child from the program.
9. I understand that if St. Anthony's Pup's Club is terminated because enrollment is not sufficient or for any other reason given by the Board of Education, all money paid by me for the period after termination will be refunded to me.

\_\_\_\_\_  
Parents/Guardians Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Pup's Club Signature

\_\_\_\_\_  
Date