



St. Rita School

Where Faith and Knowledge Meet

**BEFORE /AFTER SCHOOL CARE PROGRAM
2024 - 2025 POLICIES AND PROCEDURES**

St. Rita School Before / After School Care Program 2024 – 2025 Policies and Procedures

St. Rita School offers a before and after school extended care program for children enrolled in Pre-Kindergarten and after school extended care for children enrolled in Kindergarten through Grade 5. The program operates on days when St. Rita School is in session. There is no after school care program on early dismissal days.

Before School Care Hours (PreK ONLY): 7:50 AM – 8:30 AM

After School Care Hours: 2:30 PM - 6:00 PM

REGISTRATION FEE: \$45.00

RATE STRUCTURE

- Rates are per child (no multi child discount)
- Extended Care will be billed as a monthly fee through your FACTS Management Account. Absences and pickup time does not impact fees charged (except for late pickup after 6pm).
 - Your payment will be automatically deducted on the 15th of the following month.
 - There will be a late charge of \$30 if monthly payments are more than 15 business days from the due date and/or a FACTS fee if the payment does not go through.
 - There will not be any prorated discount for beginning and ending participation mid-month.
 - Families may modify a plan (begin or drop-out) by turning in a signed request for change form to the school office.
 - A parent or guardian, after picking up their child and signing out, need to depart immediately.
 - In addition to the monthly rate, a \$1.00 per minute fee will be assessed for late pickup of your child(ren) after 6:00 PM as per on-site clock.
 - If a parent is later than 10 minutes after 6 PM without having called beforehand, a call will be placed to the parent by the Extended Day Person-In-Charge. If the parent cannot be reached by 6:30 PM, Child Protective Services will be contacted.



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BEFORE SCHOOL FEE SCHEDULE (rates are per child)

Monday – Friday (5 days) \$100/month

Daily Rate - \$25/month for each day attending [ie. 2 days - \$50/month, 3 days - \$75/month]

AFTER SCHOOL FEE SCHEDULE (rates are per child)

Monday – Friday (5 days) \$400/month

Daily Rate - \$85/month for each day attending [ie. 2 days - \$170/month, 3 days - \$255/month]

To register your child/children please complete the attached registration form and **return it with the \$45 registration fee to the School**. Please make **checks payable to “St. Rita School”**.

Registration forms will be accepted in the order that they are received. Due to a fixed amount of space, a cut-off may be imposed (daily maximum capacity is 30 students). You will be notified in the event that your registration is not accepted. Fees will be refunded on all registrations that are not accepted.

BEFORE SCHOOL CARE PROGRAM (PreK ONLY) OUTLINE:

- Attendance
- Breakfast (Optional -children responsible for bringing their own breakfast)
- Quiet play (games, puzzles, videos)

AFTER SCHOOL CARE PROGRAM OUTLINE:

- Attendance
- Change into play clothes (optional)
- Snack time (children responsible for bringing their own snack)
- Outdoor play (weather permitting) or indoor activities
- Homework or quiet play (games, puzzles, videos)



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PROGRAM DESCRIPTION

Children will be playing on the playground and/or in the gym (After School Care Program ONLY). Therefore, children should bring play clothes and have seasonal appropriate clothing to go outside. Children are expected to go outside with the group.

The 2024 - 2025 program will begin on the first day of school. Before school program runs from 7:50am – 8:30am (PreK) on all school days. After school program runs from 2:30pm – 6:00pm on all school days **EXCEPT early dismissal days**. Please check the school calendar for scheduled days off and early dismissal days, parents/guardians are responsible for making alternative plans for childcare on those days.

Please contact Program Director with any changes in your child's/children's before or after school schedule – **all changes** to your Aftercare schedule requires approval by Program Director **before** updating your "Coming and Goings Form" with the school office.

EMERGENCY CLOSINGS

The Before/After School Care Program is not held on days that St. Rita School is closed for snow days or emergencies. If it becomes necessary to close school due to inclement weather or emergencies, such notice will be given through the schools Emergency Messaging System and over local TV and radio stations.

DEPARTURE / PICK-UP

ONLY those persons noted on the Registration Form will be allowed to pick-up your child/children. Parents/guardians must sign the student(s) out to ensure the safety of the child/children.

LATE PICKUP FEES

For any child picked up after **6:00 PM**, the parent/guardian will be charged a late fee of **\$1.00 per minute**. This policy is meant to discourage tardiness. We will not allow a child to go unsupervised until pick-up, even with your permission. This policy will be strictly enforced. Repetitive tardiness may result in termination from the Program.

CONTACT INFORMATION

If you have any questions or concerns about the Before or After School Care Program, please contact Program Directors:

Before School Care: St. Rita School Office, (585) 671-3132

After School Care: Meghan Rahn, Program Director at (585) 671-3132 ext. 201



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St. Rita School Before/After School Care Program 2024 – 2025 Registration Form

REGISTRATION FEE: \$45.00 (Please make checks payable to **St. Rita School**)

*Current families – please check here if you would like us to bill the \$45 to your FACTS account ☐

FAMILY:

Last Name

ADDRESS:

Street City/Town Zip Home Phone #

FATHER / GUARDIAN:

Name Workplace Name Work Phone # Cell (Father)

MOTHER / GUARDIAN:

Name Workplace Name Work Phone # Cell (Mother)

PARENT EMAIL ADDRESS:

IN ADDITION TO PARENTS, ONE OTHER PERSON MAY BE AUTHORIZED TO DROP-OFF/PICK-UP CHILD(REN):

NAME: _____ PHONE: _____

RELATIONSHIP: _____



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IN CASE OF EMERGENCY PLEASE CONTACT:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

DOCTOR'S NAME: _____ PHONE: _____

SPECIAL INSTRUCTIONS: _____

UNDERSTANDING

1. I have been provided with a copy of the St. Rita School *Before/After School Care Program Policies and Procedures*. I have read this statement and understand its contents.
2. I understand that program payments will be charged and paid through FACTS and that my account must be kept current for my child/children to remain in the program.
3. I agree to pay a late fee for payments received after the payment due date.
4. I agree to contact Program Director with any changes to the preceding information submitted. Upon receiving approval from Program Director, I agree to send a new "COMINGS AND GOINGS FORM" to the school office.
5. I give permission for my child/children to take part in St. Rita's School's Before/After School Care Program activities (including but not limited to playing on the playground and in the gym) and absolve St. Rita School from any liability for injuries to my child/children due to these activities.

Parent/Legal Guardian Signature: _____ **Date:** _____



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BEFORE CARE

PLEASE INDICATE DAYS when BEFORE SCHOOL CARE WILL BE REQUIRED

(Enter name(s) of child(ren) attending)

BEFORE CARE: use Monday – Friday [5 days], 7:50am – 8:30am

CHILD'S NAME (PreK ONLY)	Grade in 2024-25	Monthly Rate	Monthly Charge
		X \$100	
		X \$100	
		X \$100	
		X \$100	
		Monthly Family Total \$	

BEFORE CARE Daily Rate: use during days indicated (7:50am-8:30am)

CHILD'S NAME (PreK ONLY)	Grade in 2024-25	MON	TUES	WED	THURS	FRI	# of Days	Daily Rate	Monthly Charge
								X \$25	
								X \$25	
								X \$25	
								X \$25	
								Monthly Family Total \$	



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AFTER CARE

PLEASE INDICATE DAYS when AFTER SCHOOL CARE WILL BE REQUIRED

(Enter name(s) of child(ren) attending)

AFTER CARE : use Monday – Friday [5 days], 2:30pm – 6pm:

CHILD'S NAME	Grade in 2024-25	Monthly Rate	Monthly Charge
		X \$400	
		X \$400	
		X \$400	
		X \$400	
			Monthly Family Total \$

AFTER CARE Daily Rate: use during days indicated (2:30pm-6pm):

CHILD'S NAME	Grade in 2024-25	MON	TUES	WED	THURS	FRI	# of Days	Daily Rate	Monthly Charge
								X \$85	
								X \$85	
								X \$85	
								X \$85	
								Monthly Family Total \$	