

# St. Mary's Aftercare Program

**2024-2025**

St. Mary's School is proud to offer parents a quality after school program under the direction and supervision of St. Mary's School. Our mission is to offer each child the opportunity to play and learn in a Christ centered environment. The program is dedicated to nurturing the whole child – spiritually, intellectually, emotionally, and physically. With this mission in mind, the program is student centered and structured to meet the needs of all students who attend. Students have the opportunity to have a nutritious snack and time to enjoy physical activity upon arriving at the aftercare program. A variety of interactive games and activities, designed to engage the children socially, physically, and mentally are provided. Children with homework are provided a quiet environment and assistance from the aftercare director.

The After Care Program will operate each school day from 3:00-5:30 P.M. **PLEASE INQUIRE REGARDING AFTERCARE ON EARLY DISMISSAL DAYS. We will not provide day care on days that school is not in session.**

**St. Mary's Aftercare Program  
2024-2025 Policies and Fees**

**FULL TIME AFTERCARE:**

A registration fee of **\$25.00** and **all registration forms** will be due **prior to attendance**.

**Pre-K through 8<sup>th</sup>** **\$50.00** per child, per week

By signing up for **full time after care**, you are responsible for paying \$50.00 per week even if your child does not attend the entire week. The attached auto-draft form will need to be filled out with your preferred checking or savings account information. All full time aftercare is automatically withdrawn from your account on either the 1<sup>st</sup> or the 15<sup>th</sup>. August aftercare will need to be paid by check or cash. The auto withdrawal for full time aftercare begins in September. Please be sure to turn in the auto withdrawal form with your paperwork.

August	\$150 (paid by check/cash)	January	\$200
September	\$250	February	\$200
October	\$150	March	\$200
November	\$150	April	\$200
December	\$150	May	\$150

**PART TIME AFTERCARE:**

A registration fee of **\$25.00** and **all registration forms** will be due **prior to attendance**.

**Pre-K through 8<sup>th</sup>** **\$12.00** per child, per day

**\*\*\* ALL PART TIME AFTERCARE IS PAID BY CASH OR CHECK. NO AUTOMATIC WITHDRAW IS AVAILABLE FOR PART TIME AFTERCARE. Part time aftercare is entered at the end of the month. Emails and letters will be sent home notifying you of the amount due.**

My child, \_\_\_\_\_, will be attending after school program on a \_\_\_\_\_ **TIME** (Please indicate **PART time** or **FULL time**) basis. I agree to the conditions above about the financial terms for the after school care program.

Signature \_\_\_\_\_

Date \_\_\_\_\_.

**\*\*\*FILL OUT THIS FORM ONLY IF YOU ARE SIGNING YOUR CHILD UP FOR FULL TIME AFTERCARE! PART TIME AFTERCARE MUST BE PAID BY CASH OR CHECK.\*\*\***

St. Mary's Catholic School  
1665 Highway 45 Bypass, Jackson, TN 38305  
731-668-2525 stmarysschool.tn.org

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)  
FOR AFTERCARE**

Company Name **St. Mary's School**

I (we) hereby authorize ST. MARY'S SCHOOL, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

(this will be a 9 digit number)

**Type of Account**    Mark one (x)    \_\_\_ Checking    \_\_\_ Savings

**Withdrawal Date**    Mark one (x)    \_\_\_ First (1st)    \_\_\_ Fifteenth (15th)

Approximate Date of Debit (s): \_\_\_\_\_

*If debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.*

***FULL TIME Aftercare will be automatically drafted in nine payments from September through May. August FULL TIME Aftercare needs to be paid by check or cash.***

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ School Account ID# \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_ Signature \_\_\_\_\_

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**\*\*\*\*\* PLEASE PROVIDE A VOIDED CHECK WHEN RETURNING THIS FORM. \*\*\*\*\***

### Aftercare Information

	Please Provide Requested Information Here
Childs Name:	
DOB:	
Grade:	
Custodial Parent/Guardian :	
Mother:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	
Father:	
Home Phone:	
Cell Phone	
Work Phone:	
Email:	
Emergency Contact	
Name:	
Home Phone:	
Cell Phone:	
Work Phone:	
Name:	
Home Phone:	
Cell Phone:	
Work Phone:	
Persons <b>Other Than Parents</b> who may pick up the child/children	
Name	Relation to Child
1.	
2.	
3.	
4.	
5.	

Any person listed above may be asked to show ID  
if not recognized by the school personnel.

## Health Information

Child' Name \_\_\_\_\_

Please list any medications your child takes regularly.

1. \_\_\_\_\_

2. \_\_\_\_\_

Please list any food or environmental allergies (i.e. peanuts, bee stings)

1. \_\_\_\_\_

2. \_\_\_\_\_

Please list any health condition of which we should be aware (i.e. migraine, seizure disorder, asthma, physical activity limitations)

1. \_\_\_\_\_

2. \_\_\_\_\_

Please feel free to share any other information you feel would help our staff provide the best possible care for your child.

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All information provided will remain confidential. If necessary it will be shared with after care personnel and health care professionals.

Child's Doctor \_\_\_\_\_

Phone # \_\_\_\_\_

### Permission/Release

1. I hereby authorize the staff of St. Mary's Aftercare to act on my behalf in seeking and approving emergency medical attention for my child.
2. I release St. Mary's School and Aftercare employees from all liabilities of all sponsored activities of the program.
3. I have completed all health history and emergency information forms and they are accurate to the best of my knowledge.

Signature \_\_\_\_\_

I understand that the summer program is a service provided by St. Mary's School to provide a safe, enriching, environment for St. Mary's students. I have read and understand all policies and procedures including those in the St. Mary's Student and Parent Handbook. I understand it is my responsibility as a parent to encourage my child to be respectful of others at all times and to follow all the rules. I further understand that if my child is unable or unwilling to respect the rights of others in the program or follow the rules of the program, he/she may be removed from the program.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE KEEP THE REMAINING PAGES FOR YOUR REFERENCE**

**St. Mary's After School Program**

**Policies and Procedures**

**Snacks-** An individually wrapped snack will be provided daily.

**Pick-Up Procedure-** When you arrive to pick up your child, please see one of the after school employees. You may then sign your child out and they will be released. Only persons authorized on the registration form will be permitted to pick up your child. Any person other than the custodial parent will be required to show picture I.D.

**Late Pick-Up-** If for any reason you will not be able to pick your child up by 5:30, please call Regina Waters at 616-5615. Please make every effort to be on time. Habitual lateness (3 or more times of more than 10 minutes) will incur a late fee of **\$10.00** per late pickup.

**Telephone Use-** Telephone use is for emergency use only. Please make arrangements in advance and send a note if your child will deviate from his or her normal pick up routine.

**Sickness-** School Policies will be followed regarding sickness. If the child should become sick at the Aftercare Program, the parents will be called.

**Medicine-** School policies will be followed regarding the administering of medication. A medication form must be filled out and the medication must be in the prescription bottle.

**Extra-Curricular Activity Sign Out-** If your child will be leaving the after school program to attend any other after school activity such as sports or clubs, you must fill out a permission slip and provide transportation.

## General Policies and Procedures

1. Athletic or other closed toe shoes must be worn.
2. No clothing with inappropriate messages may be worn
3. **No toys** are to be brought from home.
4. Personal displays of affection are not permitted.
5. On half days parents must send a lunch. A snack will be provided.
6. **No electronics** may be brought from home.
7. Gum chewing is not permitted except when approved by the director.
8. Children may not engage in rough play or contact sports such as tackle football.
9. All children are expected to show respect for adults as well as peers at all times.
10. Television will be watched only for special events. Rated G movies may be shown on half days.
11. Activities are provided to encourage and foster social interaction. Students who choose not to participate may read or do homework or an individual activity that does not interfere with the rights of others.
12. No teasing or fighting will be permitted.
13. Children are expected to follow all St. Mary's policies and procedures as outlined in the Student Handbook. Any failure to do so may result in expulsion from the St. Mary's Aftercare Program.
14. In the event of *inclement weather*, aftercare will be provided until all children are picked up. For the safety of the children and staff, please make every effort to pick your child up as soon as possible after school is dismissed.
15. The St. Mary's Aftercare Program reserves the right to amend these policies as deemed necessary.