

Our Lady of Lourdes Catholic School After-Care Overview Information 2024-2025

Welcome to after-care, for the 2024-2025 school year!

The first day of after-care is our first day of school,
Thursday, August 8, 2024

Our hours are 3:15pm to 6:00pm

After-care closes promptly at 6:00pm*

There are some days we close early or are closed completely.
I will provide you with timely notice of those dates.

For your child to attend after-care, **please ensure the following is completed, prior to the first day of school:**

- Registration/medical release form notarized*, and returned to our book keeper, Mrs Englert.
**Mrs Englert is a notary if you need one!*
- Registration fee of \$25.00 paid at the time the above paperwork is returned.

Our after-care program is an engaging, fun time for your child. **It is a privilege, not an expectation, to attend after-care**, and so the school's code of conduct applies to students in the after-care program.

Rarely have we had discipline issues in our after-care program. When we do, we implement redirection and reflection to correct the behavior, and will communicate promptly with the parents. Excessive misbehavior will result in a mandatory meeting between parents and the Director.

Please send a snack with your child every day for aftercare.

Occasionally, we will ask parents to donate large, single serving bags of snacks for the program, to be used for children who forget a snack or who eat their snack and are still hungry. These donations are for the Director to keep for special situations as described, not for everyday consumption.

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After-Care fees:

	<u>First Child</u>	<u>Siblings</u>
Monthly Rate	\$175.00	First: \$100.00 Each additional: \$75.00
Drop In Rate*	\$20.00/day	Each additional: \$10.00/day

*Registration paperwork must be completed, and the registration fee paid, before your child can be a “drop-in”

*Our after-care program closes promptly at 6:00pm
If you will be a late pick-up, kindly notify the after-care Director, Dr. Maier (hmaier@myoll.com)

Beginning at 6:01pm, an additional \$1.00/minute will be charged. If this becomes a habit, a mandatory meeting will be held with parents and Director.

Thank you for choosing Our Lady of Lourdes Catholic School for your child, and thank you for choosing our after-care program!

If you need any further information, please contact the after-care Director, Dr. Maier, at: hmaier@myoll.com

Thank you!



After Care Update August 8, 2024

- **August 27, 2024: Tuesday**
We close promptly at 5:30
Parent info night for EC3-grade 5
- **September 27, 2024: Friday**
No after care
Noon dismissal for Teacher workday
- **October 17, 2024: Thursday**
No after care
Fall Festival begins!
- **November 5, 2024: Tuesday**
We close promptly at 5pm
Election Day
- **December 19, 2024: Thursday**
We close promptly at 5pm
Christmas Concert (begins at 6pm)
- **December 20, 2024: Friday**
No after care
Noon dismissal
- **January 28, 2025: Tuesday**
We close promptly @ 5:30
Parent Information Night (begins at 6pm)

*Adjusted days after January 28 will be provided next month.
If any additional days before then must be adjusted,
I will provide you with as much notice as possible.*

Our Lady of Lourdes Catholic School After Care Registration & Medical Release 2024-2025

Family Name: _____

Children:

Grade:

Home Address:

Mother

Name:

Cell Phone:

Name of Employer

Work Address:

Work Phone:

Father

Name:

Cell Phone:

Name of Employer:

Work Address:

Work Phone:

Our Lady of Lourdes Catholic School After Care Registration & Medical Release 2024-2025

Please list below any individuals, besides the mother and father, who are permitted to pick up the children. At least ONE emergency contact must be provided:

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Parent Signature

Parent Signature

Our Lady of Lourdes Catholic School After Care Registration & Medical Release 2024-2025

Family Name: _____

Children:

Grade:

Please annotate any medical conditions, allergies, etc. we need to know.
Please specify the child, along with the condition

AND

If any medication for this condition is in the clinic (inhaler, epi-pen, etc)

Physician's Name:

Phone:

Our Lady of Lourdes Catholic School After Care Registration & Medical Release 2024-2025

Children’s Insurance Information:

Child’s Name	Policy Number	Group Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event of an emergency, and I (the parent) can not be reached, I give consent to transport my child/ren by ambulance if the situation warrants such action.

Parent Signature

Parent Signature

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this (date)

By _____

Who is personally known to me, or has produced _____
as identification.

NOTARY PUBLIC SEAL

Notary Signature