534 Front Street, Chicopee, MA 01013
Tel: (413) 592–5135 / Fax: (413) 598–0187
ststanis@saintstansschool.org

Website: saintstansschool.org IG: @saintstanschicopee FB: @ststanislauschicopee



# 2024-2025 EXTENDED CARE PROGRAM INFORMATION

## **Before School Program**

The Before School Program shall operate on school days between 7:15-8:10am. Students will remain in the designated area until it is time to join their class. Electronic devices such as cellphones, tablets, or Chromebooks will not be used during this time.

**Fees & Costs:** Costs are determined each year by the administration. Payments are to be made on a <u>weekly basis</u>, unless prior arrangements have been made with the school principal. An accumulating balance will result in your child/ren being unable to use the program until the balance is paid. Checks must be made out to St. Stan's Extended Care Program.

Students coming for before school extra-help will be charged accordingly if they arrive before 7:45am.

Check-In Between 7:15am-7:29am: \$8.00 per family/\$6.00 per child Check-In Between 7:30am-7:59am: \$5.00 per family/\$4.00 per child Check-In After 8:00am: \$3.00 per family/\$2.00 for per child

## **After School Program**

The After School Program shall operate on school days between 2:40-5:00pm. Electronic devices such as cellphones, tablets, or Chromebooks will not be used during this time.

**Fees & Costs:** Costs are determined each year by the administration. Payments are to be made on a <u>weekly basis</u>, unless prior arrangements have been made with the school principal. An accumulating balance will result in your child/ren being unable to use the program until the balance is paid. Checks must be made out to St. Stan's Extended Care Program.

2:40-3:00pm: \$4.00 per child per day 2:40-3:15pm: \$5.00 per child per day 2:40-3:30pm: \$6.00 per child per day 2:40-3:45pm: \$7.00 per child per day 2:40-4:00pm: \$8.00 per child per day 2:40-4:15pm: \$8.50 per child per day 2:40-4:45pm: \$9.00 per child per day 2:40-4:45pm: \$10.00 per child per day 2:40-5:00pm: \$10.50 per child per day

There will be a \$10.00 late pick-up fee after 5:00pm.

### GENERAL INFORMATION

#### STAFFING:

Staff members are certified teachers and assistants and include the program coordinator and administration. All staff members are directly responsible to the administration and are subject to evaluation according to the standards of St. Stanislaus School and the Diocese of Springfield.

### **ELIGIBILITY:**

Any student at St. Stanislaus School, grades pre-school through eight, is eligible to participate in the program. NON-STUDENTS or siblings will not be accepted.

#### **REGISTRATION:**

A parent who wishes to use the Extended Care Program (regularly or on occasion) <u>must fill out the student information sheet</u>, which provides the staff with the necessary emergency information. For more information or forms, please call the school office at 592-5135. Parents may sign a child up for the program at any time during the school year. If an emergency situation arises and you need your child to be placed in the extended care program after school please call the school office. **Any preschool child not picked up by 2:30pm, or any child grades K-8 not picked up by 2:50pm will automatically be placed in the after school program with the appropriate charge to the parent or guardian.** 

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# 2024-2025 EXTENDED CARE PROGRAM REGISTRATION

GENERAL INFORMATION			
Student/Family Name:		Grade(s):	
Students' Address:		Home Phone:	
Parent/Legal Guardian:		Phone Number (where parent can be reached during the hours of the After School Program):	
Please indicate which days your child will be attending:  □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ As needed		Homework  ☐ My child may choose whether to do homework.  ☐ My child must complete as much of his/her homework as possible.  ☐ My child should not do homework.  Please note: Electronic devices such as cellphones, tablets, or Chromebooks will not be used during this time.	
AUTHORIZED PICK UP PERSONS			
Name:	Relationship to Student:		Phone #:
Name:	Relationship to Student:		Phone #:
In the event of illness or injury to my child, which in the judgment of the After So treatment, my permission is granted to call the following doctors in order named, a have been unsuccessful.  Doctor:  Address:  The hospital emergency room of my choice is:  My Child is allergic to the following:  Medications:  Foods:			nool Program staff requires emergency
Other:			
Please give the name and phone number of two people who may be contacted in case of emergency or illness when the parent or guardian is not available. These people should live in the vicinity of the school and be able to be contacted during the hours the program is in operation.  Name:  Phone:			
Name:		Phone:	
I hereby release St. Stanislaus School from any claim arising out of the doctor's actions. All medical expenses shall be the parent responsibility.			
Parent/Guardian Signature			