




SAINT ALBERT  THE GREAT  
At  
Assumption Academy

**Before & After (Extended) Care  
Program Overview for Grades K-8**

**Child care is provided for Saint Albert the Great at Assumption Academy students, grades K-8, on school days (Monday – Friday). The Morning Watch and Extended Care programs are not in session on compressed school days, school holidays, and snow days.**

- We provide a safe and happy environment at an affordable cost for students of Saint Albert the Great at Assumption Academy.
- We alleviate the concerns working parents have for quality childcare.
- Extended care provides an alternative to moving children to another childcare facility after school.
- Provide study time, thus affording parents and children some leisure time together at home.
- Extended care is an extension of the school day. Therefore, the main administrator and supervisor are the directors. All school rules and policies are in effect.

**Morning Watch**

**Staff:** Rachel Sekerak

**Hours:** 6:45am – 7:40am

**Fee:** \$4.00 per day

**Extended Care**

**Staff:** Karen Fox


**Hours:** 2:25pm – 6:00pm

**Fee:** \$4.00 per hour

\*Non-refundable registration fee: \$20.00 per family

\*A late fee of \$10.00 per 15 minutes will be charged after 6:00pm



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**Extended Care Registration Form**

**Non-Refundable Registration Fee:** \$20.00 per family

**Fee (per child):** \$4.00 per hour

\*A late fee of \$10.00 per 15 minutes will be charged after 6:00pm

\*All funds must be deposited into SmartTuition.

\*The office cannot accept cash or check payments.

Child/Children's Name	Sex (M/F)	Date of Birth	Grade

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency/Other Phone No.: \_\_\_\_\_

Days child/children will be attending (circle):    M    T    W    Th    F


Approximate time child will be picked up: \_\_\_\_\_

Allergies or special concerns: \_\_\_\_\_

My child will attend on an irregular basis. I will inform you in writing when we are in need of the program by sending a note to the teacher/office.                      Yes: \_\_\_\_\_                      No: \_\_\_\_\_

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



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**Extended Care Emergency Medical Authorization Form**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Illness/Accident/Leaving School Premises:** In the event of apparently serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence, and **they have signed their name** on this form. (The person(s) picking up your child(ren) must sign their own name on this release). They may also release my child from the school.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The following person(s) will pick up my child: \_\_\_\_\_

The following person(s) **may not** pick up my child: \_\_\_\_\_

**Doctor's Name & Telephone:** If one of the above cannot be reached, I wish my child to be taken to the closest or first available hospital. I wish any one of the following doctors to be notified \_\_\_\_\_ Yes \_\_\_\_\_ No

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**In Case of Emergency...**

The following phone numbers may be used in case of an emergency:

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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