



Dear Parents,

Queen of Apostles After School Care Program (ASCP) is available to all students after school. At this time, extended care is **not** available when school is not in session and on early release days. Parents may utilize our ASCP on a drop-in or regular basis. While the ASCP was begun as a service for parents, it is designed to be self-supporting. This program provides an optional service to those parents who wish to place their child in a safe and supervised atmosphere until they are able to pick up their children.

The Queen of Apostles ASCP is designed to provide supervision and safety under a structured program of activities for our school-aged children while parents are at work. The program will be under the direction of the school principal, with paid employees who will be responsible for the day-to-day operations and supervision when in session. The ASCP is an extension of Queen of Apostles School.

The hours and fee of the program are:

2:40-6:00 p.m. \$3.50 per hour per child

You will be billed monthly for this program. **Checks should be made out to Queen of Apostles School.**

Every effort will be made on the part of the program staff to integrate a child into the program. Reasonable discipline techniques will be initiated by the extended care providers when needed. If discipline problems persist, parents will be notified. After repeated behavioral incidences with no improvement over a stated time period, a child's participation may be terminated if that child is deemed disruptive to the functioning of the program.

We realize that not all families are planning to use the ASCP on a regular basis however; we recommend ALL parents fill out the attached registration form and return it to the school office to keep on file in the event that it becomes necessary for your family to utilize the ASCP.

A tentative schedule follows:

2:40-3:20	Free play/outside/gym/cafeteria
3:20-4:00	Snack/juice
4:00-4:15	Quiet time (homework, stories, quiet play)
4:15-6:00	Interactive crafts/projects, games, informal plays/programs, etc.

Sincerely,

Mr. Laurence Patterson
Mr. Laurence Patterson
Principal

QUEEN OF APOSTLES SCHOOL

Registration for the After School Care Program – 2010-2011

Name _____
(last) (first/father) (first/mother)

Address _____
City/zip

Home phone _____ work phone _____
(Father) (Mother)
Cell Phone _____

Children to be involved in the program:

<u>Name</u>	<u>Age</u>	<u>Grade (2010-2011)</u>	<u>Male/Female</u>

How often will you use the program?

___ Occasionally - ___ Weekly

___ Daily (indicate days) Mon. Tues. Wed. Thurs. Fri.

For safety reasons, children will only be released to parents and those designated below or those named in a written note or phone call prior to pick up.

Who is authorized to pick up your children?

_____	_____
Name	Relationship to the children

_____	_____
Name	Relationship to the children

Is there anything we need to know about your child(ren)?

A copy of the Emergency Information Record you filled out for school will be given to our ASCP supervisor.