



St. Mel After School Care Program

ADMISSION POLICIES

A student will be accepted into the program when all the proper documents have been completed, signed and returned to the school along with payment in cash, check, or credit card (Visa or MasterCard) in full or monthly. **Only St. Mel School students may be enrolled in After School Care.**

FEES

Fees can be paid in full or in monthly installments.

Full-time After School Care:

1 Child	\$1,800.00
2 Children	\$2,600.00
3 Children	\$3,100.00

Monthly Payment Option

***First payment is due September 5, 2018 in cash, check or credit card (VISA or MasterCard).**

The remaining eight (8) payments will be automatically deducted through the FACTS Management Company starting October 5, 2017 (our bookkeeper will handle the transaction through FACTS Mgmt.).

***1 child = \$200.00 2 children = \$288.88 3 children = \$344.44 with Application for After School Care**

Occasional Use Coupons

Coupons must be purchased before being admitted to After School Care with completed Application. Payment must be made in cash, check, or credit card (Visa or MasterCard only) at the time of purchase. FACTS Management is also an option for Occasional Use Coupons. Prices below are for 20 visits.

1 child = \$320 2 children = \$380 3 children = \$440 with completed Application.

A \$15.00 late fee will be charged for students picked up after 6 p.m., with an additional \$15.00 for each succeeding increment of fifteen (15) minutes, payable when the child is picked up. Frequent lateness in picking up a student or failure to pay the monthly fees on time will be grounds for terminating the student's participation in the program.

SESSIONS

ASC will be in session from school dismissal time at 2:45 p.m. until 6:00 p.m.; Friday schedule is from 12:45 p.m. until 6:00 p.m. No care will be provided on the short days preceding the Christmas and Easter holidays. Holiday and vacation care is not available.

St. Mel Elementary School

20874 Ventura Boulevard
Woodland Hills, California 91364
Phone (818) 340-1924 Fax (818) 347-4426

Student's

Family Name _____

**AFTER SCHOOL CARE
2018-2019**

These forms must be completed and returned to the school office along with your Fees.

PLEASE READ THE FOLLOWING DIRECTIONS CAREFULLY.

➤ **STATEMENT OF ACCOUNT**

Occasional Use: Number of students _____ \$ _____

Full time care: Number of students _____ \$ _____

TOTAL DUE \$ _____

➤ **ITEMS TO BE RETURNED**

- This Statement of Account
- Parent contract – SIGNED
- Emergency Card
 - Parent signature is required
 - Emergency Care Information: Please provide names, addresses, and the telephone number of **four** people **other than the parents** who can be contacted if your child becomes ill during after school care.

FOR OFFICE USE ONLY:

Date _____ **Amount Rec'd. \$** _____ **Method** _____ **Posted** _____

Signed Contract _____ Emergency Card _____ Posted _____

**ST. MEL AFTER SCHOOL CARE PROGRAM
CONTRACT**

St. Mel School will have an After School Care Program from school dismissal time until 6:00 p.m. for students in the school whose parents desire to enroll their children. The program will provide time for homework/quiet time and supervised activities.

In return, the undersigned parent/s agree to pay in advance and in accordance to the schedule of fees as outlined in the handbook. The parent/s also agree to pay all late charges as defined in the handbook and agree to have read and be governed by all the terms as outlined in the handbook. Any child, whose parent/s fail to meet these obligations, will not be eligible to continue in this program. Also, failure of a student to comply with the rules and discipline requirements of St. Mel After School Care Program may subject the student to denial of further participation in the program.

The undersigned parent/s agree to indemnify and hold harmless the Archdiocese, St. Mel School and all of their agents, employees, consultants (paid or volunteer) from any loss or liability arising out of their after school care program as such loss or liability relates to the student/s covered by this Contract.

The names and grades of my child/children to be included in this program are:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

The persons authorized to pick up my child/children or to be called in an emergency have been listed on the St. Mel After School Care Emergency Form, which is a part of this contract. If there are any changes, I/we agree to immediately notify the Director of the Program.

I/we have completed the Medical Release Form to be used in the case of emergency and have noted any medical problems, allergies, or medications that my child/children need. I/we understand that the school does not assume responsibility for payment of a physician. However, in an emergency the school may choose a physician.

I/we have read the ASC Handbook and Contract and agree to all of the above stated terms.

Mother's signature

Father's signature

Date:

ST. MEL SCHOOL AFTER SCHOOL CARE EMERGENCY CARD 2018-2019

Student's Last Name _____
Family Last Name _____

Home Address _____ City _____ Zip _____ Home Telephone Number _____

Child's Name	Grade	Child's Name	Grade
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

Father's Name _____ Place of Employment _____ Cell Phone Number _____

Occupation _____ Address _____ Work Phone Number _____

Mother's Name _____ Place of Employment _____ Cell Phone Number _____

Occupation _____ Place of Employment _____ Work Phone Number _____

MEDICAL ALERT: (Diabetes, allergies, medications, etc.) _____

NAME OF FAMILY PHYSICIAN: _____ **PHONE:** _____

List four (4) adults (other than parents) you would authorize to pick up your child/children in an emergency:

Name: _____ Phone: _____ Relation: _____
Name: _____ Phone: _____ Relation: _____
Name: _____ Phone: _____ Relation: _____
Name: _____ Phone: _____ Relation: _____

No student will be dismissed from school unless a parent (or individual designated by a parent) comes for him/her.
In the event that neither you nor a designated party is able to pick up your child/children, will you permit them to be released to a responsible adult designated by the school?
Yes _____ No _____

Parent's Signature _____ Date _____

FOR OFFICE USE ONLY - EMERGENCY STUDENT RELEASE FORM

Child's Name _____	Was released to _____	Date/Time _____
Location to which child/children taken _____	_____	School Official _____
Child's Name _____	Was released to _____	Date/Time _____
Location to which child/children taken _____	_____	School Official _____
Child's Name _____	Was released to _____	Date/Time _____
Location to which child/children taken _____	_____	School Official _____