

Aftercare Registration

Grades K-8 2023-2024



Dear Parents,

We would like to welcome you and your children to the Day School AfterCare Program at Assumption School. At Assumption, we are committed to providing an enriching experience and a safe environment for our students, and their time spent in AfterCare is no exception.

The AfterCare program will begin on Wednesday, August 16, 2023.

Hours of Operation: AfterCare will run from dismissal until 5:30pm on regular school days. There is no AfterCare offered on half days, and AfterCare will not be offered during holidays.

Rates: Parents will be charged \$9.00 per hour, per student, with the ability to pay by the quarter-hour (15 minutes = \$2.25). Parents will be sent an invoice at the end of each month and can make payments to Assumption School.

After 5:30pm, a late fee of \$25.00 will be assessed for the first minute, plus \$1.00 per minute thereafter. This is necessary to cover the overtime pay of the AfterCare facilitators.

Dismissal and Pick-Up Procedure: At dismissal, students will be brought to the Art Room. To pick-up your children, parents will park in the main lot in front of the office and come to the side Art Room door, enter and sign-out your child.

How to Contact Aftercare: There are two different ways to contact the Aftercare moderators. One way is to call the direct phone line into the Art Room at 636-474-1676. Alternatively, you can also contact the Aftercare moderators through an app coming soon (TBD), which will be the new on-line system we are utilizing this year for all AfterCare needs.

Please direct any other questions to the AfterCare Coordinator, Missy Neiswander at mneiswander@abvmtech.org.

Sincerely,
Dr. Pat Hensley
Principal



AfterCare Registration Information
2023-2024 School Year Program Participation

Student Information

Student Name: Last _____ First _____ MI _____

Student Address: _____

City: _____ State: Missouri Zip Code: _____

Grade Level: _____ Age: _____ DOB: _____ Height: _____

Weight: _____ Gender: _____ Hair Color: _____ Eye Color: _____

Family Information - Primary Parent/Guardian

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: Missouri Zip Code: _____

Place of Business (with address): _____

City: _____ State: _____ Zip Code: _____

Email (required): _____ Primary Contact # _____

Secondary Parent/Guardian

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Place of Business (with address): _____

City: _____ State: _____ Zip Code: _____

Email (required): _____ Primary Contact # _____



Authorized Pick Ups

Permission is given for my child to be released from the program to the following individual including the above-stated parent / guardian to receive my child at the end of the day. Driver's license or valid photo ID required. Students will not be dismissed to anyone without proper ID.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Emergency Contact: Must provide two additional names other than parents. List in order they are to be contacted: Note: Parent / Guardian will be contacted first.

1. Name: _____ Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact #: _____

2. Name: _____ Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact #: _____

3. Name: _____ Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact #: _____