

# St. James' After School Program

## September 2025 to June 2026

### **Philosophy**

Our mission is to provide a fun, safe and secure environment as well as an extremely well rounded program with new choices every day. In our afterschool program children can learn through play, decision making and personal experience in a relaxed environment. We are always open to new ideas.

### **Program Contents**

Our weekly activities include arts and crafts, sports, and other recreational, educational, and fun projects. We will have visitors for on-site field trips, and partake in cooking, school enhancement projects, holiday celebrations and more! Parent involvement and participation is always welcome and appreciated. Please provide your child with a snack for after school care. We have two staff members on each day.

### **Days of Operation**

Our program operates on all school days according to the St. James School calendar. The hours are from 3:00 – 5:45pm Monday through Friday. All children are to be picked up **NO LATER than 5:45pm**. Late fees will be charges to your account if you arrive after 5:45pm.

There will be no afterschool program when St. James is dismissed early due to inclimate weather.

### **Cost**

We have daily and weekly rates. Payments are to be made bi-weekly. The invoice is sent home with your child unless you make arrangements with the office to have them mailed to you. \*see note below.

Rates:

1 Day.....	\$32.00
2 Days.....	\$44.00
3 Days or More.....	\$60.00
<i>Additional Child Rates Are As Follows:</i>	
Per Week.....	\$30.00

### **Attendance**

On an as needed bases.

### **Absence**

Parents/guardians are responsible for notifying St. James School by 2:00pm each day in the event that their child will not attend the Adventures Program as scheduled. This policy is to ensure the safety of your child.

### **Arrival and Departure**

All parents/guardians are responsible for picking up their child. Children will be released only to those people who are authorized on the child's registration form. Picture ID is required of people whom our staff is not familiar with each day. Any family with legal limitations as to who may not pick up their child, should discuss this with the director immediately. We do require parents to provide us with a copy of a court order for our file if a parent is legally restricted from picking up his/her child.

### **Special Needs**

We will gladly accommodate any of the special needs, such as dietary restrictions, that your child has as long as we have some sort of documentation written by the parent/guardian of the child or an afterschool staff member. Diet/physical limitations should be given to us immediately so that we can help your child be as safe and healthy as possible.

### **Fees**

Tuition is due on every other Friday of each week unless families have extenuating circumstances and a payment schedule is worked out between the parent/guardian and the school. A record of this payment schedule will be kept in your child's file. Special arrangements can also be made for parents/guardians with special circumstances such as those in which children are enrolled part-time or otherwise. If a tuition bill should go one month past due, payment will be required for your child to return to the

program. A fee of \$20 will be added to your account for each check that is returned from our bank. Receipts will be given only to parents/guardians who request them. It is the parent/guardian's responsibility to keep track of payments for tax purposes. Afterschool staff members are unable to provide this service due to the large number of children who attend our program.

#### **Arrival/Departure of Children**

All children are to be picked up no later than 5:45pm. A \$5 late fee is added to your account for each increment of 5 minutes after 5:45pm. At the time that you pick up your child, it is imperative that you sign your child out. When parents pick up their children from one of our walking field trips, we do require you to wait until we are at our destination before attempting to pick them up. This is for all the children's safety.

#### **Homework Policy**

Either a St. James School teacher, a student intern, or an after staff member will be available for assistance with homework daily. It is however, the parent's/guardian's responsibility to ensure that their child's homework is completed. This is a big part in the development of responsibility for our children.

**St. James School**  
**After School Adventures Program**  
**143 Main Street**  
**Johnson City, New York 13790**  
**797-5444**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Grade as of 2024-2025 \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Status of Parents/Guardian:

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Step Parents \_\_\_\_\_ Other \_\_\_\_\_

Remarks: \_\_\_\_\_

(Please explain specific days parents are to pick up if such an arrangement has been made. It is legal for either parent to pick up unless we have a copy of a court order restricting visitation)

Brothers/Sisters of Child:

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Other Members in Household (Include relationship) \_\_\_\_\_

Persons Authorized To Pick Up Child:

1. \_\_\_\_\_  
Name Relationship Phone Number

2. \_\_\_\_\_  
Name Relationship Phone Number

3. \_\_\_\_\_  
Name Relationship Phone Number

These people will be called after parents in case of an emergency.

(Under No Circumstances will a child be released to anyone not known to the program without authorization from a parent/guardian)

My child will attend:

\_\_\_\_\_ Monday through Friday until \_\_\_\_\_PM.

\_\_\_\_\_ Only on days Circled: Mon Tues Wed Thurs Fri Until \_\_\_\_\_PM

Does your child have:

Frequent colds \_\_\_\_\_ Vomit Easily \_\_\_\_\_ Earaches \_\_\_\_\_ High Fevers \_\_\_\_\_ Allergies \_\_\_\_\_

Asthma \_\_\_\_\_

If allergic, what is he/she allergic to and how does it manifest itself?

\_\_\_\_\_

Does your child take any medications regularly? If so, indicate dosage, time, and purpose.

\_\_\_\_\_

Note: We are not authorized to administer medications

Any other medical problems we should be alerted to?

\_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Other Medical Specialist \_\_\_\_\_

Emergency Hospital Preference \_\_\_\_\_

I hereby grant my child permission to use all of the play equipment and participate in all of the activities of the program and to leave the program premises under the supervision of a staff member for neighborhood walking trips.

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_