



IHM AFTER-SCHOOL CARE PROGRAM 2011-2012

Dear IHM Parents,

Welcome to the 2011-2012 School year! The IHM After-School Care Program operates every day that school is in session for a complete day and is open to any IHM student in grades Kindergarten through 6. The hours are from 3:00 until 6:00.

Please print and complete the Registration Form and Medical Form and send them to IHM c/o Anne Jones, with the \$35.00 Registration Fee made out to IHM School. In order to prepare, I need these before the start of school on August 24th. The following rates are in effect for this school year: Full-time (4 or 5 days per week): \$210.00 per month for one child and \$345.00 per month for two children. Part-time (3 days per week or less): \$163.00 per month for one child and \$273.00 per month for two children. We also take children on an hourly basis and for emergency situations: \$7 per hour, per child. August/September will be billed as one month. May/June will also be billed as one month. Full and Part-time payments are due on the first Thursday of the month. Hourly students will be billed at the end of each month. Please send your payment with the payment slip to school to my attention. You will receive the payment slips after August 24th.

NOTE: It is **imperative** that your child(ren) be picked up by 6:00. If your child is not picked up by 6:00, there will be a charge of \$1.00 per minute past 6:00 **and it must be paid in cash at that time.** In an emergency, please have someone else pick up your child(ren) if at all possible. **You will need to inform us if someone other than a parent will be picking up your child(ren).**

On days you plan to use After-School Care, please tell your child(ren) to meet the After-Care staff in the Gym at 3:00. You will pick your child up in one of the second grade classrooms.

I am looking forward to caring for your children.

Sincerely,
Anne Jones
Coordinator
IHM After-School Care Program

AFTER-SCHOOL CARE RULES AND SCHEDULE

1. Children are expected to listen to the After-School Care staff and do what they are told.
2. Children must meet the workers in the Gym immediately after school is out.
3. Children must not use the restroom, go back to their classroom, visit with a friend, etc. before they have checked in.
4. After check-in, the children will have play-time, either outside or in the Gym until 4:00.
5. Playground equipment will be provided. Toys, dolls, and electronic games from home are not allowed.
6. At 4:00, the children will be provided a snack. **If you child is allergic to certain foods, please let us know.** If your child has an epi-pen, inhaler, or is on medication, please fill out the appropriate form. We will keep medication locked up in the cabinet.
7. At 4:30, the children will go to the classrooms to work on homework until 5:00 (Grades 1 & 2). **ANY CHILD THAT DOES NOT HAVE HOMEWORK MUST READ A BOOK OR COLOR QUIETLY UNTIL 5:00.** Grades 3 – 6 will be expected to work on their homework until it is finished or they are picked up. **.THIS RULE WILL BE STRICTLY ENFORCED!** Kindergarten children will play in their room until picked up.
8. Friday is “movie-day”.
9. Children will be expected to put away any toy they are finished with before bringing out another toy.
10. Children may play cards, read, color, or play board games after their homework is finished.

AFTER-SCHOOL CARE DISCIPLINE POLICY

1. Children who don't share, play roughly, or call others inappropriate names will be given one warning.
2. If the behavior is repeated, the child will have a 10-minute time-out.
3. Some behaviors may warrant a phone call to a child's parent or guardian. In these cases, the child will be isolated until the parent or guardian has picked up the child.
4. These behaviors include:
 - Being disrespectful to the staff
 - Harassment of another child
 - Physical assault
 - Refusing to follow the rules
 - Running away from the group
 - Stealing
 - Destroying another student's property
5. In addition, the above named behaviors may include a one-week suspension, at the discretion of the director.
6. Parents will be informed in a timely manner; suspensions begin the following week, on Monday, or the first school day of the week. Parents may subtract one week's payment if their child is suspended.
7. In the event of a second suspension, the child may be expelled from the program.

AFTER-SCHOOL CARE PROGRAM 2011-2012 REGISTRATION FORM

Family Name: _____

Child(ren) who will be enrolled in the program.

Name: _____ Grade/Homeroom: _____

Name: _____ Grade/Homeroom: _____

Name: _____ Grade/Homeroom: _____

He/She/They will be: Full-Time
 Part-time
 Hourly

Please mail this form along with a check - payable to IHM School in the amount of \$35.00 to the address below:

Anne Jones
IHM School
7800 Beechmont Ave.
Cincinnati, OH 45255

I/We have read the policies of the Immaculate Heart of Mary After-School Care Program and agree to abide by them.

Signature (Parent)

Signature (Parent)

Signature (Child)

Signature (Child)

Signature (Child)

Date

IMMACULATE HEART of MARY AFTER-SCHOOL CARE MEDICAL FORM

STUDENT'S NAME: _____

EMERGENCY NAMES AND NUMBERS WHERE YOU OR PERSON YOU DESIGNATE MAY BE REACHED DURING AFTER-SCHOOL CARE HOURS:

NAME:	NUMBERS:
1. _____	_____
2. _____	_____

**PART I OR II MUST BE COMPLETED:
PART I: TO GRANT CONSENT**

In the event reasonable attempts to contact me at _____ (phone) or _____ (other parent or guardian) at _____ (phone) have been unsuccessful, I hereby give consent for:

- 1.) The administration of any treatment deemed necessary by Dr. _____ (preferred physician) at _____ (phone) or, Dr. _____ (preferred dentist) at _____ (phone) or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and
- 2.) The transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

FACT'S CONCERNING THE CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS AND ANY PHYSICAL CONDITIONS WHICH THE PHYSICIAN AND SCHOOL SHOULD BE INFORMED OF: _____

Signature of Parent or Guardian _____
Date

PART II: REFUSAL TO CONSENT (do not complete part II if you completed part I)

I do not give my consent for emergency medical treatment of my child. In the event of any illness or injury requiring treatment, I wish the school authorities to take no action or to: _____

Signature of Parent or Guardian _____
Date