

**PLEASE KEEP THIS FIRST PAGE FOR YOUR INFORMATION**

## **St. Mary Catholic School**

2017 - 2018 School Year

### **ST. MARY CATHOLIC SCHOOL CARE PROGRAM**

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**HOURS OF OPERATION:**

Morning -----7:00 AM – 8:00 AM

**NO AFTERNOON CARE ON *Noon Dismassal* DAYS**

Afternoon-----3:30 PM – 5:30 PM

Morning Care will be held in the school library. Afternoon Care will be in classroom 2 & 3 in the parish center until 4:30pm. After 4:30pm, after Care will be in the school library. In case you need to call between 4:00pm and 4:30pm the number is 353-8100, then press \*8252; and after 4:30pm the number is 353-8100, then press \*8207.

**COST FOR EXTENDED CARE:**

Rates are based on hourly or half hour fees. Rates are \$6.00/ hour or \$3.00/half hour.

**\*\*\*\*THERE IS A \$10.00 LATE FEE FOR CHILDREN PICKED UP AFTER 5:30 PM.**

**BILLING INFORMATION:**

Billing for St. Mary Care Program will be sent out every two weeks in the Wednesday communication envelope. Please return your payment in the Wednesday envelope to the school office. The payment must be paid no later than Friday of the mailing week. **A LATE FEE OF \$5.00 WILL BE ASSESSED FOR PAYMENT AFTER FRIDAY OF THE BILLING CYCLE.**

**SNACK:**

An afternoon snack will be provided.

**ACTIVITIES:**

Daily activities include snack, reading, homework time, table games and outside activities.

**REGISTRATION:**

Before a child can attend this program, an application must be completed in its entirety.

**OTHER QUESTIONS:**

Please call Terri Tafoya, Program Director at 353-8100, extension 227.

*St. Mary School does not discriminate on the basis of race, age, handicap, color, national or ethnic origin in the administration of educational policies, employment practices, scholarship and loan programs or athletic or other school administered programs.*



**St. Mary Catholic School**  
**ST. MARY CARE PROGRAM**  
**SMCP APPLICATION FOR**  
**ENROLLMENT 2017 - 2018 SCHOOL YEAR**

Student's Name _____			
Student Name	Grade	Birthdate	
Student's Name _____			
Student Name	Grade	Birthdate	
Student's Name _____			
Student Name	Grade	Birthdate	
Student's Name _____			
Student Name	Grade	Birthdate	

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

Address / Zip Code \_\_\_\_\_

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

Address / Zip Code \_\_\_\_\_

Child/Children live(s) with: \_\_\_\_\_

According to Colorado State Law only the people listed below will be allowed to pick up your child/ children unless otherwise directed by the parent by way of verbal notice. Photo ID may be requested.

The people listed below are emergency contacts authorized to pick up my children

1. _____				
Name	Relationship	Home Phone	Work Phone	Cell Phone
2. _____				
Name	Relationship	Home Phone	Work Phone	Cell Phone
3. _____				
Name	Relationship	Home Phone	Work Phone	Cell Phone

Please indicate below if there is any person(s) NOT ALLOWED to pick up your child.

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# St. Mary Catholic School

## ST. MARY CARE PROGRAM ANNUAL AUTHORIZATION FORM

\* AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

I, \_\_\_\_\_ hereby give my permission for St. Mary Catholic School Staff to call for medical or make surgical decisions for my child/children \_\_\_\_\_, \_\_\_\_\_, or \_\_\_\_\_ should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action or decision will be taken, but if this is not possible the expenses of emergency medical treatment or care will be accepted and paid by me.

\* PERMISSION FOR PARTICIPATION IN ACTIVITIES:

I give permission for my child/children to participate in all program activities except for the following:

\_\_\_\_\_

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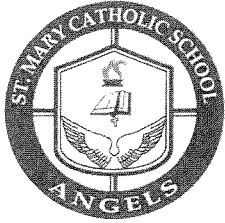
\* PERMISSION TO USE: Sunscreen  Yes  No Bug Spray  Yes  No

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\* MEDIA USE: My child/children may participate in the use of media as listed in the contract and any provider deemed appropriate computer/video games. There will be no higher rating than E/PG for any of these items.  Yes  No Except following: \_\_\_\_\_

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Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# ST. MARY CATHOLIC SCHOOL

2351 22nd Avenue, Greeley, CO 80631 • 970-353-8100 • Fax 970-353-8700

*"The child grew and became strong, filled with wisdom;  
and the favor of God was upon him" (Lk 2:40)*

## Before/After Care Financial Contract

**2017-2018 School Year**

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Family Name

St. Mary Catholic School offers a Before and After Care program for the convenience of our students and parents. Before Care is available from 7:00 a.m. to 8:00 a.m. and the After Care program is available from 3:30 p.m. to 5:30 p.m. The current cost of the program is \$6.00 per hour per child prorated. There is also a late charge of \$10 for children picked up after 5:30pm. Care is billed bi-weekly and due upon receipt of invoice.

By signing this form you acknowledge that it is your responsibility to pay the Care bill on a timely basis. If for any reason you owe money for Care at the end of the school year, St. Mary will actively collect the debt up to and including turning your account over to collections.

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Parent/Guardian Signature

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Date

**CARE PAGE 3 OF 3**

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