

St. John the Apostle School
Valley Road
Clark, N. J. 07066

Before/After Care Rates for 2020-2021

Dear Parent/Guardian,

St. John's will again have a before and after care school program. This program has proven to be beneficial to both parents and children. **The before/after school program will begin on the first day of school for children (Grades 1-8) that are registered by August 25, 2020. Morning care hours will be from 7:00 a.m. –7:45 a.m. in the cafeteria. Your child may be dropped off during that time. After care will be from 2:30 – 6:00 p.m. in the cafeteria/gym.**

Morning/After Care will begin on Monday, September 14th for Preschool and Kindergarten.

Fees are as follows: Hourly \$ 8.00 one child
 11.00 two children
 14.00 three children or more

1. A late fee of \$5.00 will be charged for each five minutes beyond 6:00 p.m.
2. Bills will be handed out on Mondays.
3. Payments are due by the following Thursday and checks made out to St. John the Apostle School are preferred.
4. The program will follow the school calendar. On half days the program will be available from 12:00 – 6:00p.m. Please provide lunch and drink.
5. A snack such as cookies and juice will be provided. However, you may send a snack with your child if you prefer.
6. Children may bring a change of clothes, suitable for play.

Please be aware that any child who proves to have a behavior problem, the parents will be notified and the child will be removed from the program.

To register your child, please fill out the attached form and return it to the school office as soon as possible with a \$10.00 non-refundable registration fee. If you have any questions, please contact me at the school office.

AnnMarie Fullem
Director

St. John the Apostle School
Valley Road
Clark, NJ 07066

B. A. S. C. REGISTRATION 2020 – 2021 SCHOOL YEAR

(Please type or print)

Family Name _____

Parents/Guardian Name _____

Address _____

City, Zip _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Name and Grade of Child/Children _____

Please list any type of allergies your child/children have.

Does your child require an Epi-pen? Yes _____ No _____

Does your child need an inhaler? Yes _____ No _____

EMERGENCY CONTACT PERSON

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Please list other designated persons who are allowed to pick up your child/children.

IMPORTANT

Please send in writing to Mrs. Fullem notifying her of any change in the normal pick-up routine. Also, please make sure all information is kept current, especially phone numbers!