



## **AFTER-SCHOOL ENRICHMENT PROGRAM**

**APPLICATION DEADLINE: AUGUST 16, 2018**

All children in grades Preschool - Grade 3 are picked up from their classrooms at the end of the day by an AEP staff member. Grades 4-8 are picked up in the middle school lobby. Everyone goes outside for approximately 45 minutes (weather permitting) before coming inside for snack, homework and activities. A healthy snack is provided each day which includes a fruit or vegetable and a munchy addition such as cheese, crackers, cereal, etc. Please feel free to pack them extra food to eat in AEP. The program runs each day from dismissal until 6 PM. Registration is required. If you have any questions, please contact Pronto Parenteau, Director, at 802-999-4713.

### **PAYMENT POLICY**

- All after-school fees must be paid in a timely manner. For the After-school Program, payment must be made using one of the following methods:
  - By check upon receipt of the invoice at the end of each month;
  - By electronic withdrawal (ACH) at the end of each month. A signed ACH authorization form is required.
- Payment is due for all days registered, except in the case of long-term illness or injury.
- If payments for tuition, programs, or fees are 30 days overdue, the family will be contacted. If appropriate payments are not made within receipt of written notification, a meeting with the President/Head of School will be required to develop a payment plan.
- Mater Christi School has funds to provide financial assistance for AEP.
- To discuss payment options, please contact Kate Lafferty at [klafferty@materchristischool.net](mailto:klafferty@materchristischool.net) or call 802-658-3992 ext 113.

**AEP PROGRAM RATES FOR 2018-2019**

\$20/day

**LATE FEE POLICY**

The After-school Enrichment Program closes at 6:00 PM daily. Prompt arrival for pick-up is mandatory unless given prior notice. There is a 15-minute grace period for the first lateness. After the 15 minutes, a late fee of \$30 will be added to your bill.

In the case of severe weather, it is the family's responsibility to plan accordingly, so that no late charges will be accrued. In the event of a true emergency, arrangements will be made to assist the family at no additional expense.

**Mater Christi After-School Enrichment Program**

**2018–2019 Registration Form**

**\*\*REGISTRATION DEADLINE: AUGUST 16, 2018\*\***

Please complete an individual section for EACH child to be enrolled. Circle the After-School Enrichment Program (AEP) option and the days attending. There is also a Drop-in option for registered students.

- 1) Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Child's age as of 8/26/18: \_\_\_\_\_ Grade/Teacher in 2018-2019: \_\_\_\_\_  
AEP for **Preschool/ PK** Days Attending: M T W TH F DROP-IN  
AEP for **Grades K – 8** Days Attending: M T W TH F DROP-IN
- 2) Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Child's age as of 8/26/18: \_\_\_\_\_ Grade/Teacher in 2018-2019: \_\_\_\_\_  
AEP for **Preschool/PK** Days Attending: M T W TH F DROP-IN  
AEP for **Grades K – 8** Days Attending: M T W TH F DROP-IN
- 3) Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Child's age as of 8/26/18: \_\_\_\_\_ Grade/Teacher in 2018-2019: \_\_\_\_\_  
AEP for **Preschool/PK** Days Attending: M T W TH F DROP-IN  
AEP for **Grades K – 8** Days Attending: M T W TH F DROP-IN

// I will apply for financial assistance through FACTS Management Company.

Please read the following and sign below:

I request that my child(ren) be enrolled in the MCS After-School Enrichment Program (AEP). I have received a copy of the AEP fees for the 2018-2019 school year, as well as a copy of the payment policies and procedures. **I agree to notify the AEP Director via the Enrollment Change Form, one week in advance, of any permanent or temporary schedule change. The Enrollment Change Form is found at the school office.**

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

## CONTACT INFORMATION



Parent/Guardian #1 **Work** Information:

Full Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell/Pager #: \_\_\_\_\_

Parent/Guardian #2 **Work** Information:

FullName: \_\_\_\_\_

Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell/Pager #: \_\_\_\_\_

Parent/Guardian #1 **Home** Information:

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian #2 **Home** Information:

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY CONTACTS (WHO ARE NOT THE PARENTS)

Contacts listed below will be called in the event of an emergency or illness and you can't be reached. Contacts may also be called if you are unable to pick up your child from the program.

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### PICK UP/RELEASE PERMISSION

The following people have permission to pick up my child(ren) from the AEP:

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_

4. Name: \_\_\_\_\_

5. Name: \_\_\_\_\_

6. Name: \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Name: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical/Health Information we should know  
about: \_\_\_\_\_

\_\_\_\_\_

Medications used during AEP hours: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY RELEASE PERMISSION**

In the event of a medical emergency and I cannot be reached, I request Mater Christi AEP staff assist my child. If the staff feels the situation requires additional emergency care, I give permission for them to seek additional medical treatment for my child.

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

Insurance Carrier: \_\_\_\_\_

Group #: \_\_\_\_\_

I.D. #: \_\_\_\_\_