



## SAINT THERESA BEFORE & AFTER SCHOOL PROGRAM

Student(s) Names:	Grade
1	
2	
3	

Please circle the appropriate rate below and return to your child's teacher to submit to the school office.

*(We will be moving this form online with electronic payment, however for the time being, please make all checks payable to St. Theresa School.)*

<u>BEFORE CARE</u>	Daily Rate	Weekly Rate
# of Children	(Part-Time)	(Full-Time)
1	\$8.00	\$30.00
2	\$10.00	\$40.00
3	\$15.00	\$50.00

<u>AFTER CARE</u>	1 Hour Daily	2 1/2 Hour Weekly	1 Hour Weekly	Full-Time Weekly
# of Children				
1	\$8.00	\$16.00	\$30.00	\$55.00
2	\$10.00	\$22.00	\$40.00	\$75.00
3	\$15.00	\$28.00	\$50.00	\$85.00

Saint Theresa School  
55 Rosemond Terrace  
Trumbull CT 06611  
203-268-3236



## SAINT THERESA BEFORE & AFTER SCHOOL PROGRAM

Family Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Child Lives with \_\_\_\_\_ Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Guardian

Father's Place of Employment: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***Please list contact people in the event of an emergency, illness, or early dismissal due to inclement weather. People listed below are authorized to pick-up my children at dismissal time. A photo identification will be required.***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**In the absence of specific medical directions, permission is granted to transfer students to a hospital.**

**I would prefer transfer to \_\_\_\_\_ Hospital.**

**My child(ren) has permission to attend the BEFORE & AFTER SCHOOL PROGRAM.**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**



# SAINT. THERESA SCHOOL

FAITH KNOWLEDGE COMMUNITY CHARACTER

## Before & After School Program

Dear St Theresa School Parents and Guardians,

Welcome back to St Theresa School!

As we begin another year filled with the anticipation of new and exciting experiences, we would like to take the opportunity to formally welcome all our new families and returning families to Our Before/After School program.

**The Before/After School Program will officially start on Tuesday, September 6, 2022.** The Before School Program will be facilitated by our staff members and will be scheduled from 7:30 AM until school begins. Please use the main entrance doors to our school for morning drop off. Any student in grades K-8 dropped off before 8:30 AM will be part of the Before School program. All preschoolers who are dropped off between 7:30 and 8:55 AM will be charged the Before School fee.

In the event of a 90 minute delay or more school delay due to inclement weather, the Before School program will not be available for all full time students in Pre K through Grade 8. (Pre K children attending AM 1/2 days will not have school. If there is an early dismissal due to weather conditions, the After School Program will not be made available and you will be expected to make arrangements for your child to be picked up. Listen to the radio and Alert System notifications for accurate information.

***Please remember to provide your child with an extra snack for after school if desired. Due to the number of children who experience alarming side effects from severe allergies, we are asking all parents to assist us in reminding your child not to share food with anyone else.*** If your child has any allergies requiring the administering of an epi-pen or any kind of medication, it is imperative that you see the school nurse for the appropriate Medical Release Forms necessary for your child. The After School Program will require that an extra epi-pen or inhaler be kept in the classroom to be available, if needed. Be sure to return **Before/After School Contact/Permission Form**. All necessary forms must be submitted to the school office or your child's teacher prior to using the Before and /or After School Program.

Contact information provided by parents must be current. If you change residency or home and/or cell numbers, please share the changes with the school office or teachers to ensure prompt contact. **The After School Program begins at 3:15 PM through 6:00 PM. Please try to adhere to the scheduled time. Should an emergency arise, please call the school. Payment for emergency care is due upon pick up.**

55 ROSEMOND TERRACE, TRUMBULL, CT 06611 203-268-3236 FAX 203-268-7966 WWW.STESONLINE.ORG