



Dear Afterschool Parents,

It's that time again to sign up for the Afterschool program for 2023-2024. As space is limited, we suggest registering early as we fill spaces on a first-come, first-serve basis.

Information about the program is outlined below:

Students from Preschool to 8th grade accepted

After School hours are from 3:00 to 6:00 PM

FEES: Registration fee: \$15 per family (non-refundable)

Emergency forms and Financial contract must be filled out and returned to school prior to attending aftercare.

After School cost: \$6.00 per hour/ Billed by the quarter hour

ON-line billing available

Drop-In: A drop-in fee of a child not registered will be \$10 per hour (office must be notified by noon)

Late pick up fee: First 5 minutes: Automatic flat \$10 late fee is charged. **After 5 minutes:** \$1 per minute is charged.

Chronic late pick-up will result in dismissal from the after-school program

After school is offered every school day, including early dismissals, EXCEPT for the Fish Fry and the last day of school.

Daily Routine:

Each day after school students in the afterschool program will be dismissed over the announcements. Preschool and Pre-K students will move to the church basement. All other students will report to the cafeteria. We will have snack time (brought from home) and some downtime. Around 3:15 we will go outside or to the gym. The gym is available to us each day until 4:00 so we will take advantage of that especially in the winter months. At 4:00 school-age students will do their homework, study, read, or play quietly while others work. Each room has toys and age-appropriate activities for students. This schedule is flexible and will change based on the needs of students.

Pick Up: K-8 - Parents will pick up from the South Side of the building through Door "J".

PreS/PreK will pick up at Door "J"

The teacher will sign your child out when you arrive. Please stay near the door when picking up your child. We will get them packed up and they will come to you. If a non-family member is picking up your child they will need to be on the approved pick-up list and show ID.

We are looking forward to a wonderful year!

If you have any questions please contact the school office. 937-293-9452

Or email Mrs. Spangler at pspangler@stag-school.org and Erica Hicks at ehicks@stag-school.org

Gabrielle Ambrosius

Erica Hicks

Shabrina Rosenbauer

Paige Spangler

Amy Klimowicz



STAG After School Program Registration 2023-2024

Please complete the entire form--all information is important. Please print.

This form must be accompanied by: \$15 (non-refundable) registration fee per family

Grade _____

Child's full name _____

Address _____

City _____ Zip _____

Male___ Female___

Date of birth___/___/___

Father's/Guardian's Name _____

Address _____ City _____ State _____

Home Phone _____ Cell Phone _____

Bus. Phone _____

Email Address _____

Mother's Name _____

Address _____ City _____ State _____

Home Phone _____ Cell Phone _____

Bus. Phone _____

Email Address _____

Siblings and ages _____

Signature _____ Date _____

Please turn over for emergency medical information.

ST. ALBERT THE GREAT SCHOOL
104 W. DOROTHY LANE
KETTERING, OH 45429

EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name _____ Grade _____ Birth Date _____

Address _____

Home Phone _____ Email Address _____

List the name of the person(s) who has custody of student: _____

Mother's Name _____ (day#) _____ (cell #) _____

Father's Name _____ (day#) _____ (cell #) _____

In case of accident or serious illness, if I cannot be reached at the above, you have my permission to contact the following:

Name _____ Relationship _____

Address _____ Phone # _____

Family Doctor _____ Phone# _____

Emergency Hospital of Choice _____

If your child needs to take over-the-counter or prescribed medication you will need to provide the school with documentation from a doctor stating the medication and dosage required for the office to administer medication. You will also need to provide medication.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairment to which we should be alerted:

Other than the above listed emergency names, who else may be picking up your child after school?

Consent:

I give St.Albert School permission for medical treatment for my child.

Date _____ Signature of Parent _____

Refusal of Consent:

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment I wish the school authorities to take the following action:

Date _____ Signature of Parent _____