ST ALBERT
THE GREAT

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)
After School cost: $6.00 hour/ Billed by the quarter hour
Drop-In: 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 afterschool 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 stay in Mrs. Hicks' room. 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 the PreK Door
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.
Billing: We are working on online billing.
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

Sherry Gabert Erica Hicks
Paige Spangler Amy Klimowicz

ST ALBERT
THE GREAT

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 _____