

St. Elizabeth Catholic Academy

94-01 85th Street
Ozone Park, NY 11416
718-641-6990/Fax 718-323-5010
info@stelizabethca.org

After School begins at dismissal and ends at 6:00 pm daily. This program is available on half days unless otherwise notified. You will be billed monthly in FACTS for this service.

Billing Rates

One Child:	\$25.00 per day
Two Children:	\$35.00 per day
Three Children:	\$45.00 per day

~ If you are in-need of the afterschool program, please complete the attached form and return it to the office to the attention of Mrs. Merckling. Without a completed form on file, your child/children will not be permitted to stay at afterschool. It is very important that you make Mrs. Merckling aware of any changes to this form (example: phone numbers, pick up person, etc.).

~ If your payment is not paid by the 10th of every month, your child/children will not be allowed to stay in the program until your outstanding balance is satisfied.

~ Anyone picking up a student from the afterschool program must scan the QR code on the door or in the school app, fill out all the information asked, then your child/children will be sent upstairs to the door. Once the QR code is scanned, our staff is no longer responsible for your child/children.

~ Parents are not allowed in the building (this is for everyone's safety). Your child will be sent up to the door once the QR code is filled out.

~ A photo ID must be on file for all adults picking up your child/children. No Exceptions. Your child/children will not be released to any individual without a photo ID on file.

~ Please indicate on the attached form which days your child/children will be attending the program.

Late Fees

~ After 6:00 pm you are late to pick up your child/children. A \$25.00 late fee will be added for every 10 minutes you are late on top of the daily rates. If you are later than 6:30 pm you are still responsible for late charges, the daily rate and by law, we must notify Child Services and the local Police Department for abandonment.

~ If you are late more than three times in a month, dismissal from the program may occur.

~ If the program closes early for weather conditions or any other reason, please make the necessary arrangements for your child/children to be picked up on time. These decisions are made early in the day. If this decision is made and you are late, the same late fee rules apply from the time of the early dismissal.

Reminders

~ Children are responsible for their own belongings.

~ Children must wear a mask when indoors.

~ Children will be seated 3ft. apart and have assigned seats for safety reasons.

~ Children must follow the rules put in place at after school. Please speak to your child/children and remind them they should act as if they were in the classroom.

~ Snacks and drinks are provided. Children may also bring their own snacks and drinks. If you choose to send in your own snack, please keep in mind we are a peanut free school. DO NOT send in anything containing peanuts.

~ Every attempt is made to have the students complete all homework assignments. However, homework assignments may not be completed every day. Please check with your child/children each day, sign and complete any work not completed.

~ Weather permitting, the children play in the yard. If you ring the bell and there is no answer, please go to the gate on 85th Street.

~ Check the school app for frequent updates. The app should be available by the end of October, if not sooner.

If you have any questions or concerns, please contact Mrs. Merckling at 646-648-2336 or 347-343-4158.

PLEASE PRINT CLEARLY

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Parent Information

Mother's Name: _____

Home #: _____ Cell #: _____

Work #: _____ Email: _____

Father's Name: _____

Home #: _____ Cell #: _____

Work #: _____ Email: _____

Home Address:

In case of an emergency, and you cannot be reached at the above numbers, please list two emergency contacts you would like us to call.

Name: _____ **Relation:** _____

Phone #: _____

Name: _____ **Relation:** _____

Phone #: _____

Indicate below days needed:

() Monday () Tuesday () Wednesday () Thursday () Friday

Please list any information that would be helpful to our staff, such as allergies, glasses, medical issues, etc.

Parent's Signature:
