

# Immaculate Conception After School Child Care (ASCC) Program

ASCC is a carefully planned, supervised program for children in grades K-8. Children are provided with play and study time, as well as the opportunity to participate in a more structured environment. Program activities include:

Arts and crafts  
Educational TV and VCR viewing (suitable for children)  
Storytelling  
Snack time  
Quiet time for study  
Indoor and Outdoor play (weather permitting)  
Individual and/or small group play

The program is under the direction of Mary Hamm and is administered by Diedre Pasukinski. Qualified staff assists in the implementation of the daily schedule.

## Program Hours and Location

The 2011 -2012 ASCC Program is located at Immaculate Conception School and begins in September each fall. The designated area for ASCC use will be the cafeteria. Operating hours are 2:30 - 6:00 PM on regular school days and 12:30 - 6:00 on early dismissal days. **ASCC will only be available on the days when school (K-8) is in session unless otherwise indicated on the school calendar.** A copy of the school calendar will be sent to you at the start of school. If Immaculate Conception School is closed for a holy day, holiday, snow day or other emergency, then the program will also be closed.

## General Information

### ENROLLMENT PLANS AND PROCEDURES

There are 2 different plan options from which parents can choose: **Yearly and Daily**. The **Yearly Option Plan** is for those needing consistent, regular child care from week to week throughout the entire year. You may choose 1,2,3,4, or 5 days a week. If you choose 4 or fewer days a week, they must be the same days each week. For the **Yearly Option Plan**, a signed, dated Attendance Notification Form (copy included in this packet, also available at the school, and online) must be submitted if you know in advance that your child will be absent, particularly for long periods due to vacations, extended illness or other personal reasons.

The **Daily Option Plan** is for those parents who require occasional or intermittent use of the ASCC program. If you anticipate frequent changes in your use of the program, even if you plan to use the program every week, then we request that you use the **Daily Option Plan**. This plan can be used any day of the week.

If you choose the **Daily Option Plan**, we ask that you request your child care needs as soon as possible. Please submit the above-mentioned Attendance Notification Form no later than 9 A.M. of the day our wish to use the program. Spaces in our program will be filled on a first come, first served basis.

While we prefer that you personally deliver, fax, or mail Attendance Notification Forms and payments, we recognize that this is not always possible. It is very important that children deliver their Attendance Notification Forms to the office as soon as possible in the morning, so they can be placed on the Aftercare Attendance Sheet for the day. Emergency situations will be handled on an individual basis.

While the Yearly Option Plan requires payment each month (the specific payment date is indicated on the invoice each month), payment for the Daily Option Plan is due the day service is rendered (see specific policies below).

Registration procedures are the same for both plans. Each page of the registration packet must be completed, dated and signed before your child can attend. You must also re-register each year.

There is no registration fee for materials received by July 31<sup>st</sup>. **There will be a \$10.00 registration fee for materials received after August 1<sup>st</sup> 2011.** Please return your registration materials promptly to hold a place for your child (ren). For further registration instructions, please see the enclosed application form.

The fee for a regular school day is \$13.00 per day for the first child. The fee for each additional child is \$7.00 per day. For early dismissal days, the fee is \$18.00 per day for the first child and \$13.00 per day for each additional child.

NO CREDITS WILL BE ISSUED FOR THE YEARLY OPTION PLAN. The only exception to this no credit policy will be for unscheduled school closings due to snow or other emergency situations.

The above fees are daily fees and will NOT be prorated for early pick-up.

The daily fees are the same for both Yearly and Daily Option Plans.

There will be a \$5.00 service charge for attendance notifications that are delivered late (after 9:00 a.m.) to Mrs. Bonnie. This includes, but is not limited to, notes forgotten at home, in the car, or delivered at dismissal.

### PAYMENT POLICIES

#### Yearly Option Plan Policies:

1. Under the Yearly Option Plan, payment must be received prior to when service is rendered. At the beginning of each month, you will receive an invoice which will indicate the balance due for the following month of service. For example, the invoice issued on September 1 will indicate fees for the month of October. Full payment for October services must be made by the date specified on the invoice. Payments received after the 25<sup>th</sup> of the month will be assessed a \$10.00 Late Payment Fee. If a payment remains outstanding on the last school day of the month, service will be denied on the first day of the new month. Child care services are contingent upon full, advance payment and will not be offered for delinquent accounts. To insure uninterrupted service, please submit your payment promptly, along with the duplicate copy of your invoice.
2. Please make checks payable to ICS. You may personally hand-deliver your payment or you can mail it to Immaculate Conception School (c/o ASCC), 23 Manalapan Rd., Spotswood N.J. 08884. Please do not send cash by mail. If you hand-deliver a cash payment, please submit a **Cash Payment Coupon** with our payment (see below). It is important that you identify ASCC Program on the outside envelope. Please do not send ASCC payments to the rectory or combine them with other school-related payments.
3. Payments will differ from month to month because the number of school days (regular and early dismissal) changes each month throughout the year. A copy of the 2011-2012 school calendars will be sent to you at the start of school.
4. Please note that invoices for September, 2011 will be mailed in July, 2011 with payment due before August 30, 2011.

#### Daily Option Plan Policies:

1. For a single day of use during any given week, full payment is due in cash or check the same day the service is rendered. If you are using the program for more than one day a week and wish to pay in advance for all those days, you may do so. Otherwise, please pay each day service is rendered. As with the Yearly Plan, Daily Option Plan service is contingent upon prompt payment of fees. Outstanding balances of more than one regular day will result in the suspension of child care. Once full payment has been made on the outstanding balance, service will be resumed.
2. If you are paying by check, please write the date(s) of service for which you are paying directly on the check. **Checks should be made out to I.C.S. or Immaculate Conception School.** If you are paying in cash please submit a **Cash Payment Coupon** with our payment (see below).
3. Please check the calendar to see if a given day is a regular or an early dismissal day as this will determine the payment amount.

#### Cash Payments (Cash Payment Coupon) for both Yearly and Daily Registrants:

1. For proper credit to your account, both Yearly and Daily users must submit a **Cash Payment Coupon** with cash payments. The coupon identifies the date(s) of service, the amount paid and the name of child (ren) using the service. For your convenience, copies of this coupon are enclosed with this packet. Receipts are issued for both cash and check payments.

### OTHER CHARGES

A late pick up charge of \$10.00 per 15 minutes will be assessed for each child remaining in ASCC after 6:00 PM. Waiving of this fee for severe weather emergencies will be at the discretion of the director. Please be prompt. **A fee of \$20.00 will also be levied for returned checks.**

# Provisions

## ATTENDANCE AND DEPARTURE:

Children will meet in the school cafeteria. A staff member will take attendance at the beginning of the ASCC program. At departure time, **parents or authorized persons are required to come into the building for the students** (please see Release Provisions and fill our enclosed Release Form and Badges). All doors are locked and pick up persons must ring the ASCC doorbell at the Pre-K side entrance to be let in. The parent or specified person must sign his/her name and indicate the time of departure on the attendance form. If the children are in the gym, a sign will be posted on the door and you may drive around to the gym to pick up.

## ATTENDANCE NOTIFICATION FORM:

This form is used by Daily registrants to request child care for a particular day. It should also be used by Yearly registrants to notify ASCC of occasional schedule changes or to request additional days of child care service. Copies are included in this packet. Additional forms are available upon request and are on the school web site.

## ATTIRE:

Children may bring clothing to change for play and other activities but this is not mandatory. Sneakers, however, **MUST** be worn for both playground and gymnasium play. Shorts will not be permitted during colder weather as the children still go outside. Short shorts are not permitted at any time. It is highly recommended that all **CLOTHING BE LABELED** with your child's name.

## CASH PAYMENT COUPON:

All cash payments must include this coupon which identifies the person's name, service dates, and payment amount. Copies are included in this packet. Additional forms are available upon request.

## DISCIPLINE AND DISMISSAL POLICY:

Dismissal of a student from the ASCC Program can occur at any time during the school year for lack of cooperation with the guidelines set down in this packet, for repeated incidents of disruptive behavior, for habitual late payments, for lack of payment, and for habitual late pickups.

Positive discipline, which reinforces appropriate behavior, will be used to handle daily minor incidents that may occur. Any unusual or major incidents (such as hitting, deliberate defacing of property etc.) will be recorded and reported to the parents. The behavior considered inappropriate for the regular Immaculate Conception School program is considered inappropriate for the ASCC program. For your reference please see the Immaculate Conception School Parent-Student Handbook.

## EXTRA CURRICULAR ACTIVITIES:

Children may participate in extra curricular activities provided parents have signed the **Extra Curricular Activity Form** included with this packet. This form authorizes the indicated persons to escort you child (ren) to and from ASCC. These persons are responsible for your child (ren) during his/her activity. Please remind your child, however, that he/she must always report first to ASCC in order to be accounted for and signed in. See release provisions and **Extra Curricular Activity Form** for more information. It is recommended that you sign this form in case a teacher would like to provide extra help or make-up work due to absence.

## GUIDELINES:

ASCC reserves the right to set and change staffing, registration and program guidelines as necessary.

## HOMEWORK:

While you may indicate that you definitely want your child to complete most of his/her homework, please note that the ASCC staff is not responsible for its completion or correction.

## INSURANCE:

Children will be covered under the school's insurance policy.

## MEDICATION:

The enclosed **Medication Permission Form** must be completed if you want our staff to administer a particular type of medication. In addition to the parent's signature, please note that this form must also be signed by your physician. No exceptions can be made to this policy. A separate form is needed for each different type of medicine that you want dispensed. Additional forms are available upon request.

Because of increasing changes and complexities in the definition of parental status, ASCC requires that custodial parents/guardians also list themselves on the Release Form. Custodial parents need not fill out and carry an ASCC Pick-Up Authorization Badge for themselves. Please anticipate, however, that parents/guardians new to ASCC and unfamiliar to our staff will be asked for other identification (like a photo license). The safety and security of your children is our utmost concern. We have found that parents are most appreciative of these policies and quite willing to oblige them.

**IMPORTANT:** Please note that a custodial parent must authorize a non-custodial parent to pick up their child (ren). The non-custodial parent's name must be included among those listed on the enclosed Release Form. This parent must present the aforementioned badge at pick up time. If a non-custodial parent is not listed among those persons authorized by the custodial parent to pick up the child, the custodial parent must explain the situation in writing and attach a copy of appropriate court documents to the Release Form. **WITHOUT PROPER COURT DOCUMENTS, CHILDREN WILL BE RELEASED TO EITHER PARENT.** Entire court papers are not necessary; only sections pertaining to custody arrangements.

If you wish someone other than yourself to pick up your child (ren), you must completely fill out the enclosed Release Form. Please designate at least three (3) adult persons. No one under 18 years old will be permitted to sign out a child. Sufficient identification badges will be furnished with each completed registration received. Badges must be signed and given to those persons whom you authorize to pick up your child (ren). Additional forms are available upon request. Authorized pick up people must be local to insure timely pickups in an emergency.

Should an emergency arise in which none of the designated persons can pick up your child (ren), then a release note signed by the parent (custodial, if applicable) must authorize the alternate person. This note must include all the same information about this alternate person as is requested on the enclosed Release Form. Please deliver or fax this note to the school no later than 9:00 AM of the same morning. Phone authorization of an alternate person (a person not listed on the Release Form) is not acceptable. However, at the discretion of ASCC staff, a note or fax may be confirmed with the parent/guardian by telephone.

If your child participates in an extra curricular activity during part of ASCC time and plans to return to ASCC after his/her activity, parents must fill out the **Extra Curricular Activities Form**. This form authorizes the indicated persons to escort your child (ren) to and from ASCC. These persons are responsible for your child (ren) during his/her time away from ASCC. Please remind your child, however, that he/she must always report first to ASCC in order to be accounted for and signed in. Activity leaders or teachers will then sign out your child when picking him/her up and sign him/her in when returning to ASCC.

Parents do not need to include extra curricular activity persons on the Release Form and issue them a Pick-UP Authorization Badge unless one of the following conditions exists:

1. You have arranged for the activity person to also take your child (ren) home at the end of the day/activity.
2. You will be regularly picking up your child (ren) directly from the site of the extra curricular activity and want the activity person to be the person responsible for signing him/her out of ASCC.

**It is the responsibility of parents to notify ASCC of any changes in marital status or home situation which may affect pick up of children.**

**For the safety of the children in this program, no child will be released to unauthorized persons. An unauthorized person is one who is not listed on your Release Form and who does not carry appropriate identification. For your child's security, please authorize adult persons who demonstrate their responsibility by carrying the proper identification with them (an authorization badge signed by you).**

**SNACKS:**

Parents are urged to pack extra snacks that the children can eat at the designated snack time (shortly after dismissal). For early dismissal days, please pack both a lunch and a snack. Drinks and snacks will also be sold at dismissal time.

**TELEPHONE AND FAX:**

ASCC messages may be left on the school answering machine; the number is **(732) 251-3090**. The school fax machine which can also be used for ASCC purposes is **(732) 251-8270**. Normally, between the hours of 3:30 PM and 5:30 PM the children are either outdoors or in the Gym and the staff cannot be reached. Please jot these numbers down as they can facilitate your contact with the ASCC program staff.

**TRANSPORTAT:**

Parents will provide all transportation.

# 2011-2012 After School Child Care (ASCC) Registration Form

Please return this registration form promptly to reserve a space for your child (ren). Yearly Option Plan registrants will be billed in July for September service. All registrants must also include the following with this registration form: Release Form (and court documents if applicable), Extra Curricular Activity Form, Medication Permission Form (if necessary), and Parent Check List. These registration materials may be hand-delivered to the school or mailed to: Immaculate Conception School c/o ASCC Program, 23 Manalapan Road, Spotswood, New Jersey 08884.

Family Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Home Situation (Please check all that apply)**

Parents reside together  Single parent home  Parents separated  Parents divorced

Father remarried  Mother remarried  Guardian cares for child (ren)  Other (please explain on reverse side)

In cases where parents are divorced/separated who has legal (official) custody of child (ren)? \_\_\_\_\_

Are both parents authorized to pick up children from ASCC? \_\_\_\_\_  
(Please see release policies) **COURT DOCUMENTATION IS REQUIRED**

Please list children individually. Indicate their age and the grade they will be in for the 2011-2012 school year. Also indicate the time you expect to pick up your child (ren). Circle the type of plan you wish (Yearly or Daily). For the Yearly Plan, please indicate the days your child (ren) will be attending throughout the year.

Name	Age	Grade	Pick-Up Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please circle plan type: **DAILY** or **YEARLY**

For Yearly please circle how many days a week **1 day** **2 days** **3 days** **4 days** **5 days**

Please circle specific days **M** **T** **W** **TH** **F**

Please indicate date on which you want to begin child care \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Date \_\_\_\_\_

# RELEASE FORM

## SUMMARY OF RELEASE POLICY:

Custodial parents/guardians must now list themselves on the Release Form below. However, custodial parents need not fill out and carry ASCC Pick-Up Authorization Badges for themselves. Parents new to ASCC and unfamiliar to our staff will be asked for other identification (such as a photo license). In addition, if you wish someone other than yourself to pick up your child (ren), you must fill out the form below. We recommend that you designate at least three (3) adult people. The appropriate number of identification badges, ( which you must sign and give to those persons whom you authorize to pick up your child (ren)), will be sent after registration is processed. Additional badges are available upon request.

**IMPORTANT:** Please note that a custodial parent must authorize a non-custodial parent to pick up their child (ren). The non-custodial parent's name must be included among those listed on the Release Form. This parent must present the identification badge at pick up time. If a non-custodial parent is not listed among those persons authorized by the custodial parent to pick up the child, the custodial parent must explain the situation in writing and attach a copy of appropriate court documents to the Release Form.

For the safety of the children in this program, no child will be released to unauthorized persons. An unauthorized person is one who is not listed on your Release Form and who does not carry appropriate identification. For your child's security, please authorize adult persons who demonstrate their responsibility by carrying the proper identification with them (an authorization badge signed by you.) For more information regarding release policies see "Release Policy" under "Provisions".

## CUSTODIAL PARENTS (ONLY)

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Signature \_\_\_\_\_

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Signature \_\_\_\_\_

I authorize the following adult persons to pick up my child (ren.) (Please indicate if one of these is a non-custodial parent.)

## OTHER AUTHORIZED RELEASE PERSONS

1). Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child (ren) \_\_\_\_\_

# OTHER AUTHORIZED RELEASE PEOPLE (CONTINUED)

2). Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

3). Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

4). Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

5). Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

6). Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## **BADGES**

Sufficient pick-up badges will be provided with each completed registration. Please fill in the names of the persons you authorize to pick-up your child (ren) and fill in your child (ren's) names. The authorized names on these badges should be the same names that appear on the Release Form (with the exception of custodial parents) above. All badges must be signed and dated by a custodial parent or guardian in order to be valid. This badge is only valid for the 2011-2012 academic year. After you have completed all the information requested on these badges, please give them to the persons indicated. These persons must use the badge to identify themselves at pick-up time. Copies of the badge with Xeroxed parent signatures will not be accepted. Badges from the previous year are void and unacceptable. If necessary, other forms of identification may be requested for verification.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child (ren) \_\_\_\_\_

# EXTRA CURRICULAR ACTIVITY RELEASE FORM

If you want your child to participate in extra curricular activities during part of ASCC time, and want him/her to return to ASCC after his/her activity, you need to fill out this Extra Curricular Activity Form. This form authorizes the indicated persons to escort you child (ren) to and from ASCC. **It also collectively gives ICS teachers permission to retain your child for extra assistance.** These persons are responsible for your child (ren) during his/her time away from ASCC. Please remind your child, however, that he/she must always report first to ASCC in order to be accounted for and signed in. Activity leaders or teachers will then sign your child out when picking him/her up and sign him/her back in when returning to ASCC.

In the spaces provided, please fill in all information requested. It is your responsibility to find out the names of persons who are leading these activities and picking up you child (ren) from ASCC. Examples of activities that can be listed include, but not restricted to: Boy/Girl Scouts, Brownies, Cub Scouts, Cheerleading, Choir, Private Music Lessons, Basketball, Soccer, Bull Dogs etc.

1). I give my child \_\_\_\_\_ permission to participate in the following activities and to be signed out/in of ASCC by the persons named below. In addition, I collectively allow ICS teachers (not individually named) to sign out/in my child as needed for extra after school help by signing the bottom of this form.

<u>Activity</u>	<u>Person (s) Signing Out/In</u>	<u>Days</u>	<u>Time of Activity</u>	<u>Time Returned</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2). I give my child \_\_\_\_\_ permission to participate in the following activities and to be signed out/in of ASCC by the persons named below. In addition, I collectively allow ICS teachers (not individually named) to sign out/in my child as needed for extra after school help.

<u>Activity</u>	<u>Person(s) Signing Out/In</u>	<u>Days</u>	<u>Time of Activity</u>	<u>Time Returned</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3). I give my child \_\_\_\_\_ permission to participate in the following activities and to be signed out/in of ASCC by the persons named below. In addition, I collectively allow ICS teachers (not individually named) to sign out/in my child as needed for extra after school help.

<u>Activity</u>	<u>Person(s) Signing Out/In</u>	<u>Days</u>	<u>Time of Activity</u>	<u>Time Returned</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# ASCC EMERGENCY PROCEDURE

Children/Child of \_\_\_\_\_  
Father Mother Last Name

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

Child (ren) \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

Please complete the following using numbers(1,2,3,4,5) to indicate the order of procedure to be followed in the event of illness or injury to children in the after school child care program:

( ) Contact Mother At \_\_\_\_\_  
Phone Number

( ) Contact Father At \_\_\_\_\_  
Phone Number

( ) Contact \_\_\_\_\_ at \_\_\_\_\_  
Relative/Neighbor (circle one) Phone Number

( ) Contact \_\_\_\_\_ at \_\_\_\_\_  
Physician Phone Number

( ) Take Child to the Nearest Hospital: Yes \_\_\_\_\_ No \_\_\_\_\_

Child \_\_\_\_\_ is **Allergic** to \_\_\_\_\_

Child \_\_\_\_\_ is **Allergic** to \_\_\_\_\_

Child \_\_\_\_\_ is **Allergic** to \_\_\_\_\_

Child \_\_\_\_\_ is **Allergic** to \_\_\_\_\_

In case of a serious emergency to the above named child (ren) and in the event that I cannot be reached by telephone, I hereby authorize a representative of the ASCC program to act in my child's best interests.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

# MEDICATION PERMISSION FORM

Kindly fill in all requested information below. Please note that both you and your child's physician must sign this form. No medication can be administered by ASCC staff without prior doctor's approval. Please use a separate form for each medication you wish to be dispensed. If you have more than one child in ASCC who requires medication, a separate form must also be completed for each individual child. Additional forms are available upon request.

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

Name of medication \_\_\_\_\_

Is this medication: \_\_\_\_\_ Prescription?                      \_\_\_\_\_ Non-prescription?

Condition for administering medicine \_\_\_\_\_

Amount to be administered \_\_\_\_\_

Number of times and/or hour(s) to be administered \_\_\_\_\_

\_\_\_\_\_

Is refrigeration necessary? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Possible adverse reactions \_\_\_\_\_

Any other comments? \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

-----Please do not write below this line-----

### For ASCC Staff Use Only

Date/Time(s)  
Administered

Adverse reactions  
Observed

Staff Initials

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY EARLY DISMISSAL

In the event of an emergency, early dismissal of Immaculate Conception School due to inclement weather or another emergency situation, the After School Child Care Program **WILL NOT** be in operation.

Please make absolutely sure that your child's room mother has all the telephone numbers necessary to reach you during the school day. Also, be reminded that room mothers do **NOT** have access to the emergency numbers submitted to the school offices or ASCC program each September.

Therefore, in the event of an emergency early dismissal, my child (ren) should:

\_\_\_\_\_ Take his/her usual bus home. I will ensure that someone will meet my child at drop off.

\_\_\_\_\_ My child will be picked up at school at dismissal.

**A copy of this form will be given to each of your child's teachers so he/she knows what procedure to follow.**

Please keep in mind that in the event of an early dismissal, the school office telephone lines are constantly in use and it is very difficult to reach the school or to relay messages if you should be able to reach the office. Therefore, it is very important for you to complete the above carefully. Thank you.

CHILD'S NAME \_\_\_\_\_

GRADE \_\_\_\_\_ ROOM# \_\_\_\_\_

# Parent Check List

Please check each applicable item before sending in your registration. **Sign your name at the bottom of this Check List and include it with your registration materials. Your registration will be considered incomplete without this form.**

I have:

\_\_\_\_\_ Read and understood the entire information/registration packet.

\_\_\_\_\_ Completely filled out the **Registration Form**.

\_\_\_\_\_ Completely filled out the **Extra Curricular Activity Form** (If needed)

\_\_\_\_\_ Completed the **ASCC Emergency Procedure** form.

\_\_\_\_\_ Filled out the **Release Form** and submitted with registration form.

\_\_\_\_\_ Included custodial information and attached documents (if applicable).

\_\_\_\_\_ Filled out the **Medication Permission Form** (if needed) and submitted with registration.

\_\_\_\_\_ Signed my name and date on all forms.

The date I wish to begin child care: \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to child (ren) \_\_\_\_\_

Date \_\_\_\_\_

# ASCC ATTENDANCE NOTIFICATION

(For Daily Option or Yearly Extra Days)

Today's Date \_\_\_\_\_

Dear ASCC Staff,

This is to notify you that my child (ren) \_\_\_\_\_

**WILL/WILL NOT**

**(Please circle one)** be in ASCC on \_\_\_\_\_

Date

I am enclosing my payment with this form.

Thank you,

\_\_\_\_\_  
Parent's Signature

Additional Comments:

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

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# ASCC ATTENDANCE NOTIFICATION

(For Daily Option or Yearly Extra Days)

Today's Date \_\_\_\_\_

Dear ASCC Staff,

This is to notify you that my child (ren) \_\_\_\_\_

**WILL/WILL NOT**

**(Please circle one)** be in ASCC on \_\_\_\_\_

Date

I am enclosing my payment with this form.

Thank you,

\_\_\_\_\_  
Parent's Signature

Additional Comments:

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

**CASH PAYMENT COUPON**  
FOR YEARLY AND DAILY REGISTRANTS

For proper credit to your account, this Cash Payment Coupon must be submitted with all cash payments. Receipts are issued for both cash and check payments.

Today's Date \_\_\_\_\_ Name of Child (ren) \_\_\_\_\_

Service Date (s) for this payment \_\_\_\_\_

Payment Amount \_\_\_\_\_

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**CASH PAYMENT COUPON**  
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