



After School  
Handbook

2018-2019

# The School of Sacred Heart St. Francis de Sales

307 School Street  
Bennington, Vermont  
05201

802-442-2446

Providing excellence in academics and a deepening faith in God and Gospel Values in an environment that is caring, challenging, and respectful, striving to develop in every student the habits of thinking critically and acting responsibly in daily life.

**THE SCHOOL OF SACRED HEART ST. FRANCIS de SALES**  
**After School Enrichment Program**

**Explore**

**Experience**

**Discover**

Mission: To provide a safe, nurturing environment where students can work on homework assignments and actively participate in enriching activities.

- Flexible Enrollment: Choose 1 or any combination of weekdays.
- 2:45 p.m. – 5:00 p.m. Monday through Friday when school is in session
- Homework Club
- Enrichment activities will be offered that follow a theme for each month of the school year.
- Fee \$10.00 per day or \$5.00. (if your child is picked up by 4:00 PM) This fee must be made prior to your child participating. If the fee has not been paid you will be called to pick up your child. Since we receive no outside funding our After School Program is sponsored completely by The School of Sacred Heart St. Francis.
- Parents who are late picking up their children will be charged \$1 per minute per child.

**Schedule:**

2:45 p.m. - 3:00 p.m. Welcome, Snack  
3:00 p.m. - 3:30 p.m. Outdoor Play  
3:00 p.m. - 4:00 p.m. Homework Clinic  
3:30 p.m. - 4:30 p.m. Enrichment Activity.  
4:30 p.m. - 4:45 p.m. Wrap-Up  
4:45 p.m. - 5:05 p.m. Student Pick up

**Registration Process:**

Parents fill out the After School Registration forms sent home weekly. These signup sheets are then turned in with payment to teachers for the following week.

Safety is our number one concern. Therefore, the program will be cancelled any day that school is cancelled for bad weather. If the weather worsens during the school day, we may also cancel programming.

Be sure to save this letter. For registration or for further information contact the main office at 442-2446.



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# THE SCHOOL OF SACRED HEART ST. FRANCIS de SALES

## After School Enrichment Registration Form

### Child's Profile



Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_

Does your child have any special needs in school? (If Yes, explain) \_\_\_\_\_

\_\_\_\_\_

What subject(s) do you think your child needs more help with? \_\_\_\_\_

\_\_\_\_\_

Is there anyone not allowed to contact your child? (Please state name) \_\_\_\_\_

\_\_\_\_\_

Relation to child \_\_\_\_\_

### PARENT/GUARDIAN PROFILE

Mother \_\_\_\_\_

Father \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Home Telephone \_\_\_\_\_

Home Telephone \_\_\_\_\_

Beeper / Cellular \_\_\_\_\_

Beeper/Cellular \_\_\_\_\_

### EMPLOYMENT INFORMATION

Work (Co. Name) \_\_\_\_\_

Work (Co. Name) \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Work Telephone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Marital Status M S Sp D W

**THE SCHOOL OF SACRED HEART ST. FRANCIS de SALES**  
**After School Enrichment Program**



**Release Form**

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

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work \_\_\_\_\_ Beeper/Cell \_\_\_\_\_

Child's Illnesses / Medications \_\_\_\_\_

Medical Coverage \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

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I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, do hereby give my permission for said child to participate in the Sacred Heart St. Francis After school Program. I understand that participation in the Program activities may result in injury and agree not to hold Sacred Heart St. Francis School or its counselors responsible for such injury. In the event that I cannot be reached in an emergency, I do further authorize the physician selected by the adult in charge to treat, secure proper anesthesia, hospitalize or to order injection or surgery for my child. I, the parent or guardian of the above named child, state that I am not aware of any physical condition that should prevent or restrict his/her active participation in our programs.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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# THE SCHOOL OF SACRED HEART ST. FRANCIS de SALES

## After School Enrichment Program Authorization for Pick-Up



Ms./Mr./Mrs. \_\_\_\_\_ Legal Guardian of

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

The following people are authorized to pick up my son/daughter after school:

1. \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone # \_\_\_\_\_
2. \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone # \_\_\_\_\_
3. \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone # \_\_\_\_\_
4. \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone # \_\_\_\_\_
5. \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone # \_\_\_\_\_

I **DO NOT** authorize the following people to pick up my son/daughter:

1. \_\_\_\_\_ Relationship to student: \_\_\_\_\_
2. \_\_\_\_\_ Relationship to student: \_\_\_\_\_

If needed, I will supply the school principal and the main office with legal documents of custody arrangements/restrictions.

Date: \_\_\_\_\_

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

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

Day Time Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**THE SCHOOL OF SACRED HEART ST. FRANCIS de SALES**

**After School Enrichment Program**

**Consent to Publish**



The SHSF ASEP would like to share what is going on out of school with the community.

Student Name: \_\_\_\_\_ (One sheet per child)

Student Parent/Guardian Name(s): \_\_\_\_\_

Please Print

**We would like you to read the following and check YES OR NO.**

\_\_\_\_\_ **YES** - My/Our child has my permission to display in the community or have photos taken for the display of their art, video or school work related to their participation in the SHSF ASEP program in a public arena including the hospital or other community venue. This would include video work for CAT TV.

\_\_\_\_\_ **NO** - I do not wish my child to be photographed, taped or art work displayed in the community for any reason or event.

NOTICE: Your consent may be withdrawn or revoked at any time. Please contact the SHSF ASEP Office if you have any questions or if you wish to revoke your consent. Please realize that even if you prefer not to have your child photographed or filmed for public display, they may be inadvertently filmed in the course of developing an instructional program or to demonstrate instructional technique or content.

Non-local media access is rare and an effort to communicate that with you prior to the event will be made in advance if possible.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## **AFTER SCHOOL PROGRAM (ASP) WEEKLY REGISTRATION FORM**

**Preregistration and fees must be paid prior to participation. Each student must have an ASP registration emergency form filled out prior to beginning to attend. Forms are available online or from our school office.**

We have a larger number of students in our ASP, so it is imperative that you get your registration in for each week on Mondays for the week. If you have a need on an immediate day, please call the office to see if there is room for that day.

**PLEASE REGISTER IN A TIMELY MANNER.** If our office is not in receipt of the ASP sign up form and payment, a spot will not be reserved for you. You will be called to pick up your student on the days he/she is not registered.

**Weekly Registration Forms** are available online or from our school office and payment must accompany your registration.

Homework help is provided from 3-4 p.m. Please note that for the one hour slot of time your child must be picked up at the end of that hour. If not, you will be charged a two hour fee of \$10.00.

**\*\*\*ASP Credit:** Criteria for Credits:

1. Your child is absent from school.
2. Your child goes home from school ill prior to ASP that day.
3. You call at least one day in advance to cancel a day during the week that you have registered for.
4. A snow day or school closure occurs and we have already received a registration.

You are responsible to use up these credits in the ASP as the money is not returned to you. Our office can supply the credit information on your account if you have any questions.

<b>Please register my child _____, Grade _____ for the following days and times:</b>		
<b>Please check the days and times you are registering your student for this week.</b>	<b>Option # 1: Two Hours 3:00 to 5:00 p.m. Cost: \$10 per student</b>	<b>Option # 2 One Hour 3:00 to 4:00 p.m. Cost: \$5 per student. * Pick-Up must be by 4:05 p.m. otherwise the cost will be \$10.</b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Girl Scouts</b>	<b>Option # 3: After Girl Scouts – 4:00 to 5:00 p.m. - \$5 due</b>	<b>Mon. 4:00 to 5:00 p.m. _____ Tues. 4:00 to 5:00 p.m. _____ Wed. 4:00 to 5:00 p.m. _____</b>
<b>Amount Due For The Week: _____</b>		
<b>Amount Paid For The Week: _____ Check _____ Cash _____</b>		
<b>Any questions regarding payments, balance due or credits should be directed to the office.</b>		