



## After School Handbook

2022-2023

# 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 Program

### Explore

### Experience

### Discover

Mission: To provide a safe, nurturing environment where students can work on homework assignments and actively participate in fun filled 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 3:00 p.m. - 4:00 p.m. Monday through Thursday for Grades 3-8
- Activities will be offered that follow a theme for each month of the school year
- Fee is \$10.00 per day, or \$5.00 if your child is picked up by 4:00 p.m. 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. – 4:00 p.m. Homework Club for Gr. 3-8
- 3:00 p.m. – 3:30 p.m. Outdoor Play (Weather Permitting)
- 3:30 p.m. - 4:30 p.m. 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 must fill out the After School Registration forms weekly. Forms are attached to the Weekly Update (sent home on Wednesdays) or are available from the After School Coordinator. These signup sheets are then turned in, with payment, to their 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.

For registration or for further information, please contact the main office at 442-2446.

**THE SCHOOL OF SACRED HEART ST. FRANCIS de SALES**  
**After School Registration Form**

**Child's Profile**

Name \_\_\_\_\_

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

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

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? (If Yes, please print name AND relation to child)  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN PROFILE**

Mother \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Father \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Work (Co. Name) \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Work (Co. Name) \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Marital Status   M   S   Sp   D   W

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

**Release Form**

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

Address \_\_\_\_\_

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

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

Insurance 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 hereby authorize the physician selected by the adult in charge to provide appropriate medical treatment to 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 \_\_\_\_\_

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

**Authorization for Pick-Up**

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 # \_\_\_\_\_

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.

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

Date \_\_\_\_\_

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

**Consent to Publish**

The SHSF After School Program would like to share what is going on with the community.

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

Parent/Guardian Name(s): \_\_\_\_\_  
Please Print

***Please read the following and check YES OR NO***

\_\_\_\_\_ **YES** – *I give permission for my child to be photographed, video-taped and/or have art work displayed in the community. This would include video work for CAT-TV.*

\_\_\_\_\_ **NO** - *I do not wish my child to be photographed, video-taped or have 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 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**

**Pre-registration and fees MUST be paid prior to participation. Each student must have an ASP registration packet filled out prior to attending. Forms are available online or from our school office.**

We have a large number of students in our ASP so it is imperative that you get your registration form in by Monday for the week you are attending. 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.

**Homework Club** is provided from 3:00 -4:00 p.m. Monday through Thursday. Students who sign up for Homework Club ONLY must be picked up at 4:00 p.m. If not, you will be charged the two hour fee of \$10.00.

**ASP Credits:** One of the following must occur to receive a credit on your After School account:

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.

**\*\*\* Registration Forms** are attached to our Weekly Update (sent home on Wednesdays), available online or from our school office. Payment must accompany your registration.

### \*\*\*\*\*SAMPLE FORM\*\*\*\*\*

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