

***Lancaster Mennonite School – Kraybill Campus
2017-18 After School Care Information***

Available for: All students PreK through eighth

When: 3:00-5:30 p.m. on days school is in session.

Cost:

- \$6.10 per hour per child
- \$3.05 per half hour with a 5-minute leeway
- **\$.50 per minute additional late fee if children are not picked up by 5:30.**
- Parents are invoiced at the end of each month.

Activities:

- After school snack
- Supervised outdoor play
- Quiet time for reading and homework
- Relaxed game time.
- Other activities may include computer, videos, arts and crafts, etc.

Expectations and Procedures:

- Parents will complete a registration form prior to enrollment in the program.
- Any students who do not attend the program on a regular basis should inform the office by 12:00 noon on the day they plan to stay. This can be done by note, phone call or email to the office. (kraybill@lancastermennonite.org)
- Students will be dismissed by their teacher at 3:00 to go to the after school care room.
- Students will remain under the supervision of the after school care supervisor and will not be free to wander throughout the building or playground.
- Daily records will be kept to document the time a child spends in the after care program.
- When a parent or driver arrives for pick-up, they will need to report to the after school care supervisor to pick up their child.
- If persons other than those listed are planning to pick up the child, a note must be written to inform the after school care supervisor.

Lancaster Mennonite School – Kraybill Campus
After School Care
2017-18 Registration Form

Name of Child/Children: _____ **Homeroom** _____

Please check all that apply:

After school care will be used:

_____ On a daily basis

_____ On a regular basis other than daily (be specific with days, for example, every Thursday): _____

_____ Occasionally

Expected pick up time: _____

Name of person or persons permitted to pick up:

Please note: On days when someone other than the person(s) listed above is picking up your child/ren, the childcare supervisor must be informed by note or phone call.

List any dietary restrictions: _____

List any medical conditions or concerns: _____

Other concerns: _____

Home & cell phone number: _____

Work phone _____

Emergency name and number in case parents can't be reached:

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date