



**ALL SAINTS ACADEMY  
2021-2022 SCHOOL YEAR**

**STAY AND PLAY  
AFTER SCHOOL DAY CARE**

### **REGISTRATION FOR AFTER-SCHOOL CARE**

Each child must have a registration form on file, including emergency telephone numbers and special information.

A current copy of medical information must be on file – this information is already available through the All Saints Academy Health Office.

### **Rules to be followed**

1. Use good manners
2. Follow directions given by an adult
3. No running in the halls
4. No fighting
5. Using proper language
6. Respect other people's property
7. Pick up after yourself

### **Behavior Code**

1. Minor infractions – the child will be taken aside and talked to.
2. Chronic minor infractions and all major infractions – a conference will be set up with the parents and director. The problem will be resolved.
3. If the problem persists after three conferences with the parents, the child will be removed from the program.

### **Pick-Up**

- ~ Children can only be released to a parent or guardian. Any changes in the child's schedule must be in writing. If there is an emergency, please call.
- ~ Please use the side entrance to the SAP classroom – First Street. If there is a problem or concern about the program, please feel free to contact the school (936-9234).
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### **Payment Schedule**

- ~ Payment is charged through FACTS and is billed on a weekly basis.
- ~ The charge will be \$6.00 an hour per child.
- ~ Late fees will be applied: \$15.00 every 15 minutes per student.

ALL SAINTS ACADEMY  
(2021-2022)



Registration for All Saints Academy *After School Day Care Program*

STAY AND PLAY (SAP)

Child/Children's Name \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name of Legal Guardian \_\_\_\_\_

Mother's Work \_\_\_\_\_ Phone \_\_\_\_\_

Father's Work \_\_\_\_\_ Phone \_\_\_\_\_

Person to contact in case of emergency other than parent or legal guardian:

Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Please check one:  Registration Fee Enclosed. (\$30.00 per family)  
 Please charge the \$30 Registration Fee to my FACTS Account

Child/Children's After School Schedule:

Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Or

Drop – in basis (please check)

Parents/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_