



Trenton Catholic Academy

at McCorristin Campus

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trentoncatholic.org

Extended Care Program

Dear Parents,

The Trenton Catholic Academy Extended Care Program provides children with a Catholic environment extending the philosophy and values of the Trenton Catholic Academy into before and after school hours. The program serves the children whose parents work outside the home. There is a clear academic component, which includes homework time, art and recreation as well as other activities.

The Extended Care Program is staffed by experienced, devoted and caring adults. The staff members work together to help each child grow in maturity and self-respect, as well as to maintain an atmosphere where respect and understanding of others is encouraged.

Please refer to the enclosed Extended Care Program policies. These policies aid us in providing quality care for your child and must be adhered to at all times.

The cost of the program is \$5.00 per hour per child. The billing procedure is explained in the enclosed policies.

We look forward to the new school year. We welcome your comments and/or suggestions. We also encourage you to contact us if you have any special needs.

Sincerely yours,

Mrs. Anne Reap
Lower School Director

The Extended Care Program begins on the first day of school. Registration forms must be completed and returned to the office prior to start of the program.

Expect the Exceptional

Trenton Catholic Academy
Lower School
Extended Care Program
Policy and Procedures

Trenton Catholic Academy provides an Extended Care Program which includes both a Before School Program and an Afterschool Program for our families. Both programs serve working families who desire both Catholic school education and supplementary daycare in a Christian environment.

Our goal is to provide individual attention, security, consistency and sensitivity to your children. The programs include supervised games, projects, recreation, and the children may also get assistance with homework.

The Extended Care Program is held in two classrooms within the Lower School. The gym and schoolyards are also used. Please enter and exit through the front door of the school.

An annual registration form must be submitted with the following:

1. A non-refundable family registration fee of \$10.00 for each program Before and After School
2. A completed medical form
3. A signed copy of the Extended Care Program Parental Agreement.

The fee for the Extended Care Program is as follows:

1. \$5.00 per child for each hour attended.
2. \$10.00 per quarter hour beyond the After School Program closing time of 5:30 p.m.

Changes or scheduling to meet unanticipated needs or emergencies may be accomplished by calling the school office as soon as the need is known. *Any child whose parent is late to pick up their child from school will be automatically enrolled in the After School Program.*

Each child may be released only to the child's custodial parent(s) or person(s) authorized by the custodial parent(s) to take the child from the After School Program and to assume responsibility for the child in an emergency if the custodial parent(s) cannot be reached. The After School Program will only release the child to authorized personnel based on written authorization. This written authorization including full name, address and phone number shall be maintained by the program.

Bills will be issued at the end of the month for services rendered. **Payment is due upon receipt of the bill. In order to utilize the program, accounts must be kept current.** If you have any questions please contact Sr. Phyllis in the business office.

The Before School Program begins at 7:00 am and ends at 8:00 am the beginning of each school day. The Before School Program will provide a cold breakfast each morning such as juice, cereal and a muffin.

The After School Program begins at the end of the school day. Full day session runs from 2:20-5:30 pm. On half-days, the program begins at 12:10 and ends at 5:30 pm. The After School Program will provide a snack. Feel free to pack an additional snack if you wish. **Early dismissal days are long, please pack a lunch and provide a beverage for your child. Lunch is not provided on half days.**

There is no Extended Care Program when the school is closed due to holidays, snow emergency days or late openings due to inclement weather.

Discipline will follow the same rules of Trenton Catholic Academy.

Please refrain from calling the After School Program during the Extended Care hours unless it is an emergency. Time spent on the phone is time spent away from the children.

Trenton Catholic Academy
Lower School
Extended Care Program
Registration Form

Name of Child _____ Grade: _____
Name of Child _____ Grade: _____
Name of Child _____ Grade: _____

Full Address: _____
Home Phone: _____

Father's Name: _____ Work Phone: () _____
Mother's Name: _____ Work Phone: () _____

My child/ren will attend the Before School Program on the following days:
Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

My child/ren will attend the After School Program at the following times and days:
Monday until _____ Tuesday until _____ Wednesday until _____
Thursday until _____ Friday until _____

Give the names and phone numbers of two reliable adults we may call if neither parent can be reached in case of an emergency.

Name: _____ Phone _____
Relationship to child _____
Name _____ Phone _____
Relationship to child _____

In order to ensure the safety of your child (ren), we will only release them to the designated persons listed below. Please submit a photo of each person listed below.

Name: _____
Days _____
Phone _____ Work Phone _____

Name _____
Days _____
Phone _____ Work Phone _____

Attached is my non-refundable deposit of \$10.00 per family per program made payable to: Trenton Catholic Academy Lower School.

Parent Signature: _____
Date: _____

Trenton Catholic Academy
Lower School
Extended Care Program
Medical Emergency Permission Form

There is always a possibility that a child may be injured or become ill during the Extended Care Program, and that we may be unable to reach you, the parent. Medical aid cannot be given to a child without parental consent. In an emergency, time can be vital. We **MUST** have your signature on file in case such an emergency occurs and we are unable to reach you immediately. Please fill out the form below for each child that you are registering for our Extended Care Program.

I give my permission for my child, _____
to be transported to the Emergency Room at St. Francis Medical Center for medical aid in case of extreme emergency, provided I cannot be contacted when the emergency occurs.

Child's Doctor: _____

Doctor's Phone# _____

Medication will not be given during the Extended Care Program. Only the school nurse is authorized to administer medication.

Please specify any allergies to medication, food, or bee stings:

Please specify any chronic ailments or physical restrictions:

Parent's Signature: _____

Date: _____

Please list below any information that would be helpful and valuable to use to keep your child healthy and safe.

Trenton Catholic Academy
Lower School
Extended Care Program
Parental Agreement

I, _____ do hereby agree to abide by the following:

1. To notify the school office if my child is not going to be present on a scheduled day.
2. To pick up my child by the closing time of the program. Failure to do so will result in an additional fee of \$10.00 per quarter hour.
3. To enter the building and personally notify the adult in charge before dropping off or taking my child and signing the attendance register.
4. To send a written note authorizing us to allow another individual to pick up your child. Should this person be the one to perform this duty on a regular basis, include a photo of the person and introduce that person to the After School Program personnel.

NO CHILD WILL BE RELEASED UNLESS WE HAVE WRITTEN
AUTHORIZATION. NO EXCEPTIONS.

4. To notify the School and the Extended Care Program of any changes in custodial rights.
5. To support the policies of the Trenton Catholic Academy Extended Care Program.

Signature of Parent: _____

Date: _____