

Immaculate Conception School Aftercare Program

The Immaculate Conception School aftercare program provides care for ICS students when their parents must continue working after the school day is complete. Our program is staffed by caring, experienced providers and includes snack time, homework time, and free play.

Our aftercare program, directed by Ms. Angela Maxwell, provides a safe and fun environment for your children after their school day. The program offers opportunities to meet new friends, develop individual and group responsibility, while also allowing time for quiet play. Most of all, the environment is conducive to just having a good time.

Aftercare begins at 2:30 p.m., and students must be picked up **no later than 5:30 p.m.** On half days the aftercare program begins at noon, and students must bring a lunch from home. *Students must be picked up no later than 5:30p.m. Late fees will be assessed for students not picked up by 5:30p.m.*

The aftercare registration fee is \$15/year per child. Aftercare fees are \$5/hour per registered child, for students in Kindergarten through 8th grade. Unregistered children (“drop ins”) are charged at the rate of \$7/hour. Aftercare is provided to students in the full day PreK program, without additional charge. Bills must be **paid in full** every Friday.

The contact number for Aftercare is 443-553-9974.



Immaculate Conception School Aftercare Program
School phone: 410-398-2636 /Aftercare Phone: 443-553-9974

Aftercare Registration for Academic Year 2016-2017

Registration fee of \$15.00 **per child** and this form are due no later than Aftercare rates are:
\$5/hour for registered students; \$7/hour for non-registered "drop-in" students.

Family name: _____

Student name:	Birth date	Grade (2016-2017)
_____	_____	_____

Name of parents/guardians: _____

Contact email address: _____

Address: _____

Home phone: _____

Mother/Guardian place of employment: _____

Work phone: _____ Cell phone: _____

Father/Guardian place of employment: _____

Work phone: _____ Cell phone: _____

Anticipated pick-up time for students: _____ (Must be prior to 5:30p.m.)

Emergency Contacts

(Person, other than parents, who are to be notified in an emergency situation, when parents are not available or cannot be reached.)

Name: _____ Relationship to child: _____

Telephone number: home _____ cell: _____

Name: _____ Relationship to child: _____

Telephone number: home _____ cell # _____

Names of any persons, other than parents, to whom the child may be released:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Emergency Medical Care

Name of children's physician: _____ Phone: _____

Name of children's dentist: _____ Phone: _____

Insurance Company: _____

Policy holder name: _____ Insurance ID # _____