



2018 - 2019 After School Registration K - 8th Grade

50 Harvey Place * Stratford CT 06615 * (203) 375-5994 * www.stjamesstratford.org

St. James School operates two after school programs. One program is designed for students in kindergarten to eighth grade. The other program is for preschoolers.* **The information on this page pertains to the program operating for students in kindergarten through eighth grade.**

After School is available to the parents of our students who need a safe, dependable and convenient place for their children once the regular day is over. The program runs from dismissal until 5:30 p.m.

St. James faculty supervise homework and offer assistance if needed. A daily snack is provided. Students enrolled in the After School Program are involved in fun activities throughout the afternoon, including crafts, outdoor play and group games.

Fee Schedule

After School Registration Fee:	\$25.00 for each child
Attendance 3 – 5 days/full time:	\$87 per child per week
Attendance 1 – 2 days/part time:	\$50 per child per week

LATE FEES: ***There will be a \$15 late charge imposed for each five-minute period beyond 5:30 p.m. All late fees must be paid to the Director and they will be treated like all other financial obligations.***

A 10% discount will be applied to families with more than one child enrolled in the program. For example, two children enrolled for 3-5 days per week would cost a family \$157 per week.

PAYMENT: You may incorporate After School Program fees into your tuition and pay through FACTS. If you do not elect this option, all After School fees must be paid directly to the Director on a weekly or a prepaid basis. Please make checks payable to St. James School. After School fees are subject to the terms and conditions of the St. James School Financial Policy (refer to Parent/Student Handbook).

How to Enroll

Complete the After School Registration form and return it to school with the applicable registration fee(s). All checks must be made payable to St. James School. The registration fee is nonrefundable.

***The registration process for the Preschool After School Program is incorporated into your tuition agreement form.**



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Complete and return this form with the registration fee.
Checks should be made payable to St. James School.

Student(s) Name	Grade Fall 2018	Homeroom Number	Student's Date of Birth	Days per week expected to attend the ASP
Mother's /Guardian Name	Home Phone	Work Phone	Cell Phone	
Mother's Home Address:				
Father's /Guardian Name	Home Phone	Work Phone	Cell Phone	
Father's Home Address:				

Emergency Contact Information

THE FOLLOWING PERSONS ARE ALLOWED TO PICK UP MY CHILD/CHILDREN IF I AM UNABLE TO OR IN THE EVENT OF AN EMERGENCY:

Name _____

Phone _____ Relationship _____

Name _____

Phone _____ Relationship _____

Name _____

Phone _____ Relationship _____



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Medical Information

Physician's Name _____

Physician's Phone # _____

List any allergies or special medical conditions: _____

Medical Release & Consent

In case of emergency, I understand that every effort will be made to contact parents or guardians of my child/children. In the event that I cannot be reached, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, order injections, anesthesia or surgery for my child/children:

Parent/Guardian's Name (Print)

Parent/Guardian Signature

Date