



Holy Apostles

CATHOLIC SCHOOL

Kids Connection After School
Extended Care Program
And
3K Wrap Around Care

Mission:

Holy Apostles Catholic School embraces our mission by creating a compassionate atmosphere which promotes faith, knowledge and service. We recognize that our Extended Day Care is meant to continue to serve our parents and children within a Christian setting, thus, giving our school community the experience of a safe, productive, and responsible child-care program.

Our Services:

3K Wrap Around Care: (7:30 a.m.-8:30 a.m. and 11:30 a.m.-2:25 p.m.)

Our doors will open at 7:30 a.m. to welcome our youngest students to Holy Apostles. Our 3K students will be met by their classroom teacher and will participate in supervised activities until the 3K program begins at 8:30 a.m. Additional 3K wrap around care is offered from the end of class at 11:30 a.m. until 2:25 p.m. with the 3K afternoon aide. After this time, 3K students may transition to our additional after school extended care program.

Kids Connection After School Extended Care: (2:25-6:00 p.m.)

After school extended care exists for all registered children at the close of the school day. All students will be provided a snack and will have time for outside or inside play. Our younger students will be offered additional structured activities while students in grades 3-8 are offered a supervised silent study time.

Fees:

3K Wrap Around Care (morning)	\$5.75 per hour (7:30-8:30 a.m.)
3K Wrap Around Care (afternoon)	\$5.75 per hour (11:30-2:25 p.m.)
Kids Connection After School Extended Care	\$5.75 per hour (2:25-6 p.m.)
Late Pick Up	\$1 per every minute after 6:00 p.m.

- Fees are based on scheduled time. Unscheduled time is calculated at \$6.50 per hour per child. Any portion of an hour is counted as ¼ hour.

Registration:

Registration must be received by August 1st to be eligible for services for the 2017-2018 school year. We understand that schedules change so we do permit late registrations if space is available. Registration forms are available online at <http://www.hanbschool.org/> under Parent Resources.

ANNUAL REGISTRATION FEE

One child \$25.00 per year
Two children \$40.00 per year
Three or more children \$50.00 per year

Policies:

- All children enrolled at Holy Apostles School are eligible for the services provided by our after school extended care program.
- As an extension of the school, all policies and expectations outlined in the Parent and Student Handbook will be upheld by the extended care team.
- The extended care team will not permit access to the building for parents or students to gather forgotten homework or supplies. Please do not ask them to open classroom doors.

- When picking up a child from extended care, please make face time with one of the extended care team members in addition to following check out procedures.
- Extended care provides a “quiet study time” for the children but is not responsible if homework is not completed. That is the responsibility of the student.
- The extended care program and 3K wrap around program is under the direction of the school principal. The program will be operated by persons employed by Holy Apostles Parish and under the direct supervision of the school principal.
- Administration reserves the right to amend any policies, guidelines, or pricing.

Snack and Lunch:

3K wrap around students will eat their lunches in the 3K classroom. Each child is asked to bring a cold lunch. We ask that you send food that is easy for your child to eat. Milk is available from the school for a fee. If your child prefers a juice box, please send this in your child’s lunch.

The after school extended care will provide a snack for all students.

Scheduling and Billing:

All after school extended care schedules and payments are due on the Thursday before the week of services to be received by 12:00 p.m. In the case of shortened weeks, the schedule is due on the second to last day of school in the week prior by 12:00 p.m.

Scheduling and billing are done at the same time each week. The schedule and pre-payment holds your child’s space in extended care each week. This allows flexibility to serve all families should the need arise. If the schedule is not received on time, the team will determine that no care is needed. Unscheduled space cannot be guaranteed.

Checks are made payable to Holy Apostles School. This check should only be for child care tuition. Do not include any other payments on this check.

Schedules:

Thursdays:

Families submit a schedule to the extended care team via email or through the form available online at <http://www.hanbschool.org/> under Parent Resources by noon the Thursday before the week of services. This help the team determine staffing and supplies. When families use extended care without submitting time, it is considered “unscheduled”.

Vacation/Absences:

If your child becomes ill during their time in extended care, parents will be notified as is standard protocol with the school. If you have kept your child home, please make sure to contact the extended care team in addition to the school office. If a child is home sick from school, they may not be dropped off for our after school extended care program later in the day.

Changes:

If a change needs to be made to your planned extended care schedule, please contact the extended care team as soon as possible. If your child will not be in extended care or will be arriving late due to other extracurricular activities, please alert the team via note or email as to when they will join in.

Families will be credited if there is a snow day or school cancellation.

Contact Us:

The Extended Care Team

3875 S. 159th St.

New Berlin, WI 53151

Phone: 262-786-7331

Email: extendedcare@hanb.org

Website: <http://www.hanbschool.org/>

Mrs. Melissa Trepte

Principal, Holy Apostles School

Extended Care Registration Form

Holy Apostles School 2017-2018

This registration form states your family's need for Extended Care for the 2017-2018 school year.

We are aware that work schedules and/or needs may change. Please state as accurately as possible the expected hours that you will need Extended Care. Extended Care is available for 3K through 8th grade. Extended Care hours are 2:25-6:00 p.m.

Family Name: _____

Home Phone: _____

Address: _____

City/Zip: _____

Father's Name: _____

Mother's Name: _____

Email: _____

Email: _____

Cell Phone: _____

Cell Phone: _____

Place of Employment

Father: _____

Phone #: _____

Full Time: _____

Part Time: _____

Mother: _____

Phone #: _____

Full Time: _____

Part Time: _____

Student's Name: _____

Grade: _____

DOB: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Total Hrs. (e.g.:2)					
Time (e.g.:					

2:45-4:45 p.m.)					
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Student's Name: _____ Grade: _____ DOB: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Total Hrs. (e.g.:2)					
Time (e.g.: 2:45-4:45 p.m.)					

Student's Name: _____ Grade: _____ DOB: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Total Hrs. (e.g.:2)					
Time (e.g.: 2:45-4:45 p.m.)					

The registration fee must be returned with this form.

ANNUAL REGISTRATION FEE

One child \$25.00 per year

Two children \$40.00 per year

Three or more children \$50.00 per year

Please notify the Extended Care Team if your schedule changes, so that someone else may take advantage of the Extended Care space that you no longer need.

Signature: _____

Date: _____

3K Wrap Around Care Registration Form

Holy Apostles School 2017-2018

This registration form states your family's need for 3K Wrap Around Care for the 2016-2017 school year.

We are aware that schedules can change during the year, but please state as accurately as possible your family's needs for 3K Wrap Around Care for the 2017-2018. Before school care is available from 7:30 a.m.- 8:30 a.m. as well as 11:30 a.m.-2:25 p.m.

Family Name: _____

Home Phone: _____

Address: _____

City/Zip: _____

Father's Name: _____

Mother's Name: _____

Email: _____

Email: _____

Cell Phone: _____

Cell Phone: _____

Place of Employment

Father: _____

Phone #: _____

Full Time: _____

Part Time: _____

Mother: _____

Phone #: _____

Full Time: _____

Part Time: _____

Student's Name: _____

Grade: 3K

DOB: _____

	Monday	Thursday	Friday
Before School (7:30-8:30 a.m.)			
After Class Wrap Around (11:30-2:25):			

Signature: _____

Date: _____