

Saint Rose of Lima School

Kids' Haven for the 2018-2019 School Year

MONDAY – FRIDAY
2:00 PM – 5:30 PM

For the convenience of parents/guardians, St. Rose of Lima School is pleased to provide after school care, known as Kids' Haven.

The following is a list of Kids' Haven policies for the 2018-2019 school year:

- Kids' Haven is located in the gymnasium and begins at 2:00pm daily.
- Snack and beverage are provided (peanut/tree nut-free).
- Students are provided time to complete homework.
- There is outdoor play time, weather permitting (please provide appropriate outerwear).
- Parents will be charged for a minimum of ½ hour per day.
- Children must be students at St. Rose School to participate in this program.
- Kids' Haven is only available when school is in session.

***Any billing questions may be sent to Ms. Kara Buchanan at kbuchanan@ssrcparish.com**

St. Rose of Lima Kids' Haven Payment Schedule

TIME	1 CHILD	2 CHILDREN	3 CHILDREN	4 CHILDREN
½ hr.	\$3.50	\$6.00	\$9.00	\$11.00
1 hour	\$7.00	\$12.00	\$18.00	\$22.00
1 ½ hrs.	\$10.50	\$18.00	\$27.00	\$33.00
2 hours	\$14.00	\$24.00	\$36.00	\$44.00
2 ½ hours	\$17.50	\$30.00	\$45.00	\$55.00
3 hours	\$21.00	\$36.00	\$54.00	\$66.00
3 ½ hours	\$24.50	\$42.00	\$63.00	\$77.00

Days/Hours Needed

___ Monday ___ ½ HR ___ 1 HR ___ 1 ½ HR ___ 2HRS ___ 2 ½ HRS ___ 3 HRS ___ 3 ½ HRS

___ Tuesday ___ ½ HR ___ 1 HR ___ 1 ½ HR ___ 2HRS ___ 2 ½ HRS ___ 3 HRS ___ 3 ½ HRS

___ Wednesday ___ ½ HR ___ 1 HR ___ 1 ½ HR ___ 2HRS ___ 2 ½ HRS ___ 3 HRS ___ 3 ½ HRS

___ Thursday ___ ½ HR ___ 1 HR ___ 1 ½ HR ___ 2HRS ___ 2 ½ HRS ___ 3 HRS ___ 3 ½ HRS

___ Friday ___ ½ HR ___ 1 HR ___ 1 ½ HR ___ 2HRS ___ 2 ½ HRS ___ 3 HRS ___ 3 ½ HRS

***ALLERGIES, IF ANY**

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

For additional children, please check here _____ and list as appropriate on reverse side of this form.

Parent(s)/Guardian(s): The following individuals are authorized to pick-up student(s) from Kids' Haven at any time:

Name: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Other Authorized Persons / Emergency Contacts: The following individuals may be contacted in an emergency in the event that a parent/guardian is not available. Such persons are also authorized to pick-up student(s) from Kids' Haven in the event that a parent/guardian is unable to pick up their child(ren):

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Relationship to child(ren): _____ Relationship to child(ren): _____

PARENT AUTHORIZATION

Emergency Treatment

Should an emergency arise at Kids' Haven, it is understood that a conscientious effort will be made by the St. Rose of Lima staff member to contact me at the emergency numbers I have provided below before any medical action is taken.

I/We prefer to have our child taken to the following hospital if the need arises: _____
Insurance Policy: _____ Policy #: _____

I/We understand that the choice of hospital may be limited by service of local rescue services. Kids' Haven is in receipt of any and all restraining orders pertaining to the above listed child(ren).

I/We hereby attest to the accuracy of all information provided on this form.

Student Name & Grade

Signature of Mother/Guardian

Home Phone

Business Phone

Cell Phone

E-mail Address

Signature of Father/Guardian

Home Phone

Business Phone

Cell Phone

E-mail Address