

# 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](mailto:kbuchanan@ssrcparish.com)**

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### **St. Rose of Lima Kids' Haven Payment Schedule**

<b>TIME</b>	<b>1 CHILD</b>	<b>2 CHILDREN</b>	<b>3 CHILDREN</b>	<b>4 CHILDREN</b>
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