



COMMUNITY AFTER SCHOOL ENRICHMENT PROGRAM
2019-20 SCHOOL YEAR

Registration Fee: \$25.00 1 Child
\$30.00 2 or more children

Tuition: \$280.00/monthly 1 child
\$392.00/monthly 2 children
\$508.00/monthly 3 children
Daily (drop in) Rate: \$20.00 per child

The Community After School Enrichment Program (C.A.S.E.) held at St. Jude School is available to any student ages 3-12 enrolled in grades PreK – 6.

Pre-registration is required prior to attendance to the program. A minimum attendance of two days per week is required. A registration form is attached and should be returned before your child(ren) starts the C.A.S.E. program. The days you choose your child(ren) to attend, payment will be due whether your child(ren) is here or not.

The C.A.S.E. program will not be open on snow days or any other emergency closings. No refunds will be made for snow days or emergency closings. Late fee of \$1.00 per minute per child will be charged.

Daily programs may include free play with games, toys, or outside play. Children should wear sneakers each day to participate in outside play and gym games. A homework room is provided for three-quarter hour Monday through Thursday. A healthy nutritious snack, classes in art/craft day, gym day, and whole group game day are also part of the program.

Special day programs include game day, puzzle day, sculpture day, and videos. A few times during the year special programs will visit C.A.S.E. These may include music and art programs from local museums.

Please call St. Jude the Apostle School to let us know if your child will not be attending on a scheduled day.

If you are interested in our C.A.S.E. program, or if you have any questions, please contact St. Jude the Apostle School at 283-0333.

REGISTRATION FORM
C.A.S.E. Program
42 Dana Ave.
Wynantskill, NY 12198
283-0333

Date _____

Child's Information

Child's Name: _____ Birth Date: _____
Home Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____
School Attending: _____ Grade: _____ (2019-20)
Favorite Interest: _____ Email Address _____

What days will student attend program? (Please the box)
 Monday Tuesday Wednesday Thursday Friday

Family Information

Father's Name: _____ Occupation: _____
Place of Business: _____ Business or Cell Phone: _____
Mother's Name: _____ Occupation: _____
Place of Business: _____ Business or Cell Phone: _____

The following have permission to pick up at the C.A.S.E. Program. **Please include yourself.**

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Emergency and Health Information

Family Physician: _____ Phone: _____
Family Dentist: _____ Phone: _____

Emergency Contacts:

Name: _____ Phone: _____
Name: _____ Phone: _____

Has your child any particular fears? _____
Has your child any of the following disabilities? (Please check)
 Hearing Speech Vision Seizures

Has your child any allergies? _____

Has your child any physical limitations? _____

What is your child's present condition of health? _____

Is your child enrolled in any special classes in school? _____

Parent comments: _____

Please fill out this form completely. It will serve as the C.A.S.E. Program's permission to be responsible for your child(ren) while they are under our supervision.

This is to certify that my son/daughter _____ has my permission to participate in all of the activities that take place at the C.A.S.E. Program from September 2019 through June 2020. I understand the C.A.S.E. Program will provide responsible staff and volunteers for the care of my child(ren).

I realize that in case of any emergency, every effort will be made to contact parent/guardians or named emergency contact prior to seeking emergency medical care.

Signature of Mother/Guardian

Signature of Father/Guardian

Address (Street, City, Zip)

Address (Street, City, Zip)

Date

Date

! _____

_____ give my permission for my child _____ to attend all off-site field trips with the C.A.S.E. Program for the 2019-20 school year. I understand I will be informed of each trip in advance.

Signature of Parent/Guardian

The C.A.S.E. Program has my permission to publish any photographs of my child _____ that are taken for public purposes.

Signature of Parent/Guardian Date

Please do not publish photographs of my child _____

Signature of Parent/Guardian Date

Thank you

Doc: CASE registration form