



# ST. CHARLES BORROMEO CATHOLIC SCHOOL

## AFTERCARE PROGRAM

SCBCS offers a rich educational and recreational based aftercare program to serve the student population for PreK – 8<sup>th</sup> grade.

The St. Charles Borromeo Aftercare program nurtures the potential of every child. Children are cultivating the values, skills, and relationships that lead to positive behaviors, better health, and academic achievements. Students in the aftercare program will receive a small snack, followed by homework time and then supervised activities (structure sports, art education, STEM, Global Learning, etc.) through-out the day.

SCBCS utilizes the Social Hall and Modular building near the soccer field as well as the playground and other athletic recreational locations. Locations may change based on participation. Parents should park at BMCHS and come in to the modular to check out their child.

Aftercare fees are per child per week and are as follows:

***After School 3PM – 6PM (2PM on Wednesdays), snack provided***

The program fees are outlined in the table below.

Program	Daily Rate	Weekly Rate
1 Child	\$15	\$50
2 Children*	\$15 each	\$90 total
3 or more Children*	\$15 each	\$120 total

\* multi-child rate is only for families with multiple children in the same household.

There is an optional daily club rate for students participating in a school sponsored sport or club such as band. This rate is \$10 per child for the time from afterschool until the club or sport practice begins. It does not cover after the sport or club releases.

There is also a one-time \$15 registration fee for student insurance.

All billing will be through FACTS.

**Late Fee:** If parents are late picking up their child from aftercare (past 6:00pm), there is a charge of \$1 per minute per child. This will be billed through FACTS.

4005 Edgewater Drive · Orlando · FL · 32804 T.407.293.7691 F.407.295.9839

[www.stcharlesschoolorlando.org](http://www.stcharlesschoolorlando.org)

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***There is no aftercare offered on non-student attendance days.***

## **Director Contact**

**Program Director:** Josie Jean-Louise  
407-293-6852  
Email: [jjean@scbcs.net](mailto:jjean@scbcs.net)

**Aftercare Phone #:** 407-293-6852

## **Discipline Guidelines**

- All school rules apply.
- Behave respectfully and courteously toward all staff and students.
- No toys from home.
- Electronic devices (cell phone, etc.) are not permitted. Students should not have their cell phones out, if they need to contact their parents, they may request permission to use the school phone or their cell phone with permission. Student computers are also available for homework.

## **Illnesses & Accidents**

All emergency information must be on file with the director through the Plus Portals System. First aid will be administered for minor accidents. Medication will not be given unless a written statement from the physician detailing the method, amount, and procedure for distribution is on file in the school clinic. For major accidents, 911 will be called.

## **Sign Out Procedures**

- Parents, guardians or drivers authorized to do so on the Alternate Pick-up Authorization section of the Online Application Form must sign out the student(s) on the Aftercare attendance sheet.
- Individuals not listed on enrollment forms will not be allowed to pick up students without the written consent from parent or guardian.
- Please register with a Cell number that accepts text messages.

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**ST. CHARLES BORROMEIO CATHOLIC SCHOOL**  
Aftercare Registration 2021-2022

**PLEASE PRINT CLEARLY**

\_\_\_\_\_  
Mother's First and Last Name

\_\_\_\_\_  
Mother's Cell Number

\_\_\_\_\_  
Mother's Email Address

\_\_\_\_\_  
Father's First and Last Name

\_\_\_\_\_  
Father's Cell Number

\_\_\_\_\_  
Father's Email Address

**Please list additional people who may pick up your child**

\_\_\_\_\_  
Authorized Pick Up #1 First and Last Name

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Authorized Pick Up #1 Email Address

\_\_\_\_\_  
Authorized Pick Up #2 First and Last Name

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Authorized Pick Up #2 Email Address

**Student Names and Grades**

**Allergy/Health Concern**

Student #1: \_\_\_\_\_

\_\_\_ yes    \_\_\_ no

Student #2: \_\_\_\_\_

\_\_\_ yes    \_\_\_ no

Student #3: \_\_\_\_\_

\_\_\_ yes    \_\_\_ no

Student #4: \_\_\_\_\_

\_\_\_ yes    \_\_\_ no

If yes to Allergy/Health Concern, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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