



OOSTBURG  
CHRISTIAN  
SCHOOL

# Before/Aftercare Sign-Up

## **What is Before/Aftercare?**

OCS' Before/Aftercare program provides a safe and fun environment for enrolled students of OCS, to enjoy a relaxed schedule of activities and supervised free play.

## **For Whom & When?**

- 3K 11:00am-5:30pm, M-F (during regular school days)
- 4K & K 12:00pm-5:30pm, M-F (during regular school days)
- 1st-4th grade 3:22pm-5:30pm, M-F (during regular school days)
- 4K-4th grade 12:20-5:30pm, on our early release days.
- Please note that Before/Aftercare is NOT available when OCS is on break(s).

## **Pick-up:**

Unless your child is signed up to take the van or school bus home, we ask that the parent or authorized caregiver (can be an older sibling) come to the room to sign out the child. If the person coming to pick up your child is not on the authorized pick up list, we will need a note or call in from a parent.

## **Rates & Payment:**

The hourly rate is \$3.75 per child. All billing questions and payment arrangements should be submitted to the office.

## **What to Bring:**

For aftercare, a nap mat with family name on it, which will stay at the school. There is a 45 minute rest period each day. Your child is invited to bring a blanket or stuffed animal each time they come. A sack lunch, but please do not bring any microwavable meals. Hot lunches are offered on Wednesday's. Please see the office for more details.

# Before/Aftercare Sign-Up Form

*Parents please fill out and return to office.*

Family Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Child 1: \_\_\_\_\_ Grade \_\_\_\_\_

Days I Need Before Care (circle): M, T, W, TH, F

Days I Need Aftercare (circle): M, T, W, TH, F

Pick Up Time (if you know): \_\_\_\_\_

Does Your Child Still Nap? Y or N

Food Allergies: \_\_\_\_\_

Special Concerns: \_\_\_\_\_

Name of Child 2: \_\_\_\_\_ Grade \_\_\_\_\_

Days I Need Before Care (circle): M, T, W, TH, F

Days I Need Aftercare (circle): M, T, W, TH, F

Pick Up Time (if you know): \_\_\_\_\_

Does Your Child Still Nap? Y or N

Food Allergies: \_\_\_\_\_

Special Concerns: \_\_\_\_\_

## Authorized Caregivers for Pick-up:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_