



Epiphany Cathedral Catholic School  
**AFTER SCHOOL PROGRAM 2018-2019**

316 Sarasota Street Venice, Florida 34285 Phone: Main School Office (941) 488-2215; loseto@ecstigers.com

**Hours & Daily Rates:** Afternoon (Dismissal - 5:30pm) \$15.00 per child/ \$25 per family (per day).

**Fees must be PREPAID by the week.** Unused prepaid days will be credited. (Note: Program provided at the regularly stated rates on most Early Dismissal days. There may be some exceptions.)

**Registration:** Children must be pre-registered in the Tiger Time Program to be admitted.  
**Preschoolers waiting for siblings to get out at 3:15 will be charged \$15.00 per day/\$25.00 per family. Oldest sibling will be billed family rate if applicable.**  
\$25 registration fee per family, plus first prepayment of \$150 which is applied to account.

**Late Fees:** **All balances must be current for child to attend.**  
\$10.00 late fee will apply for every 15 minutes after 5:30PM.  
Please Note: After three late fees the child may be excluded from the program.

**Afternoon Schedule:**

**Preschoolers:**

2:15-3:30PM - Gathering, supervised indoor or outdoor play; attendance, snack  
3:30-5:30PM - Story time, skills, followed by art/ music activities and learning centers

**Grades K-8<sup>th</sup>:**

3:15-3:30PM - Gathering, attendance, directions, change clothes, restroom  
3:30-3:45PM - Quiet reading/homework time followed by quiet activities/coloring/puzzles  
3:45-4:30PM – Snack followed by structured indoor & outdoor activities  
4:30-5:00PM - Arts & crafts; video if time allows or if inclement weather occurs;  
5:00-5:30PM - Clean up. -- **All children must be picked up by 5:30PM**

**PLEASE SEND A DAILY SNACK FOR YOUR CHILD. Donations in original sealed packaging only.**

**Complete and return the form on the reverse with registration fees.**

**Extracurricular clubs and sports are NOT part of Tiger Time. Attending Tiger Time before or after clubs/sports requires registration and payment.**

**A \$30.00 "drop-in" fee will be assessed for unregistered children, in addition to the above stated registration fees.**



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PLEASE PRINT. **One form per family.**

**Father/Mother/Guardian (circle one):**

Name: \_\_\_\_\_ Wk Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_  
E-mail \_\_\_\_\_

**Father/Mother/Guardian (circle one):**

Name: \_\_\_\_\_ Wk Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_  
E-mail \_\_\_\_\_

**Pickup:** List below the names & info of those who are authorized by you to pick up your child.  
*For safety reasons anyone so authorized, must know the password and may be asked for ID.*

Password \_\_\_\_\_

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

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

**Homework:** I understand my K-8<sup>th</sup> grade child will have a required time to work on homework or read independently during Tiger Time. Homework must be supervised and checked by parents/guardians.

**Discipline:** Children who display inappropriate behavior may be excluded from activities during the program. Such behavior on three occasions will result in exclusion from the program. Parents will be notified.

***Signature of parent(s)/guardian(s):***

***I have read and understood all information & procedures regarding the Epiphany Tiger Time program. I will support them and be responsible for fees and regular payment to be made in advance. Failure to do so may result in exclusion from the program.***

\_\_\_\_\_  
*Signature* \_\_\_\_\_ *Print Name* \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
*Signature* \_\_\_\_\_ *Print Name* \_\_\_\_\_ Date \_\_\_\_\_

**Student Information**

**Child 1 (Oldest sibling)**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Health:** List any special health info (allergies, medications): \_\_\_\_\_

Please list all individuals not allowed to pick up child: (If biological parent, a legal document must be on file in the office.)

\_\_\_\_\_

**Child 2**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Health:** List any special health info (allergies, medications): \_\_\_\_\_

Please list all individuals not allowed to pick up child: (If biological parent, a legal document must be on file in the office.)

\_\_\_\_\_

**Child 3**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Health:** List any special health info (allergies, medications): \_\_\_\_\_

Please list all individuals not allowed to pick up your child: (If biological parent, a legal document must be on file in the office.)

\_\_\_\_\_

Please ask for additional forms if needed.