

July, 2020

CCS Parents and Students,

The following is information regarding our After-School Care Program.

After-School Care will be held from **3:15–5:30** p.m. Monday-Friday. Mrs. Anne Rogers will be assisting me with After Care this year. The charge for After Care is \$7.00 per student/per day. Payment is expected on a ***weekly basis and is due each Friday. Please make checks payable to me, Beth Roth.*** Parents of students in After School Care will be required to have a debit card on file in the school office. Payments not received on Friday will be charged to your debit card the following Monday. The After Care fee covers the time of the supervising staff member as well as a snack for the children. After-School Care will be held every day that school is in session, unless otherwise noted.

Students in After-School Care are required to spend approximately 30-45 minutes in quiet work time each day. The remainder of the time is spent outside on the playground or inside playing games. We go outside even in the winter months, so please make sure that your child has warm clothing. With parent permission, children may bring electronic devices to After Care. Electronics may be used ***after*** the designated work time. Children are not allowed to share electronics. The After School Care program is well supervised and structured for the students. We will follow the same COVID 19 guidelines that classroom teachers will follow.

For safety reasons, we are asking the children to sign in each day When entering After Care and then sign out when leaving.

Please complete the attached Information Record and return to me as soon as possible.

Please don't hesitate to contact me, or the school office, with any questions or concerns. My cell phone number is (812)350-5861, or you can email me at [broth@columbus-christian.org](mailto:broth@columbus-christian.org).

Sincerely,  
Beth Roth

## After School Care Student Information

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Email \_\_\_\_\_

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

Work Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

***Emergency Contact Name and Number (If we can't reach you)-***

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***Please list the name and phone number of any person(s) other than yourself that has permission to pick your child up from After School Care -***

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***Please list any pick up restrictions -***

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***Please list any allergies or medical information that we should be aware of -***

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