



Cleary Care

Cleary Care is an after school care program honoring Fr. James Cleary. He was the sixth pastor of St. Vincent de Paul parish from 1873-1911. In 1888, he constructed the then St. Vincent de Paul Academy, which today is where our kindergarten, junior high, library, computer lab and chapel are located. Cleary Care is housed in the building Fr. Cleary had the vision to build.

THE BASICS

- Monday – Friday 3:00 – 5:30 pm
- Early release days 12:00pm – 5:30 pm
- Cleary Care is closed for all major holidays and follows the school calendar.
- Cleary Care is a SVES organization. All dress code and conduct rules apply.
- Each day students will be provided with a snack. Food may be brought from home to supplement.
- On early dismissal days students are expected to bring a lunch.

REGISTRATION

Parents must submit a Cleary Care registration for each child along with the one time registration **fee of \$75** (each additional child, \$50) per year, regardless of when during the year they are entering the program. Registration fee covers administrative paperwork and snacks for students.

FEE STRUCTURE

- Each registered student will be charged a minimum of one hour at a rate of **\$8.00/hour**. Any portion of an hour will be invoiced as one hour.
- Any student left on campus after 3:15pm (12:15 pm early release days) will be checked into Cleary Care and the parents billed accordingly, including the registration fee for the program. The parents will be called and billed a one time fee of \$25 if the child is picked up within 30 minutes of the phone call. If this occurs more than once during the school year, then the family will be billed accordingly, including the registration fee for the program.
- If a parent fails to sign his/her child out of Cleary Care at pick-up, the parent will be billed for the maximum hours (3:00 – 5:30 pm).
- Any pick up after 5:30 pm will be charged an additional \$1.00 per minute. Please make every effort to pick up your children on time. Three warnings may lead to suspension or ejection from the program.
- Parents will be billed monthly through the FACTS tuition collection system. Parents with questions regarding Cleary Care charges should first contact the Cleary Care Director.
- Cleary Care services will be suspended for those with delinquent accounts.

RELEASE OF STUDENTS

Only parents or legal guardians may check out children. Children are not allowed to sign themselves out. If it is necessary for someone other than the student's parent/guardian to pick up the child, a note is necessary.

CLEARY CARE IS CLOSED ON THE FOLLOWING DATES:

Fri, August 17, 2018 (Diocesan In-service)

Mon, September 3, 2018 (Labor Day)

Mon, October 8, 2018 (Faculty/Staff Work Day)

Mon, November 12, 2018 (Veterans' Day)

Tues-Fri, November 20-23, 2018 (Thanksgiving)

Th, Dec. 20, 2018 – Fri, Jan. 4, 2019 (Christmas)

Mon, January 21, 2019 (MLK Day)

Fri, February 15, 2019 (Diocesan In-Service)

Mon, February 18, 2019 (Presidents' Day)

Th-Fri, March 21-22, 2019 (Faculty/Staff Work Days)

April 18-26, 2019 (Easter Break)

Mon, May 27, 2019 (Memorial Day)

Fri, May 31, 2019 (Last Day of School)

Cleary Care Program – Registration Form

CHILD 1:

| | |
|------------|----------------|
| LAST NAME: | FIRST NAME: |
| GRADE: | DATE OF BIRTH: |

CHILD 2:

| | |
|------------|----------------|
| LAST NAME: | FIRST NAME: |
| GRADE: | DATE OF BIRTH: |

Parent/Guardian Name(s) _____

Address: _____

City _____ State _____ Zip _____

Home phone _____ Cell _____ Work _____

Check days your child will attend the program: *(We are closed for all major holidays and follow the school calendar)*

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

With a proper ID the following people are authorized to pick up my child from school. **(Please print)**

| NAME | RELATIONSHIP TO CHILD | HOME PHONE | CELL PHONE |
|------|-----------------------|------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

If parents divorced/separated, please complete for parent NOT in the home:

Name: _____ Address: _____

May he/she take child from Cleary Care? Yes No If no, please attach custody agreement or restraining order or any other pertinent custody information.

List any allergies for your children (food, medical, insect, etc.)

I agree to adhere to the program policies and fee structure for Cleary Care. I authorize SVES to post applicable charges to my online FACTS billing account.

Parent Signature, Date

Print Name: _____

Reg.Pmt. Entered: Date: _____