

Our Lady of Angels School
After School Program (aftercare@olangels.org)
Mr. Michael Guggenbiller, Director

Dear Parent(s)/Guardian(s)

Attached are the necessary forms for the After School Program for the 2025-26 school year. These items include: Program Information, Registration Agreement, health record, Pick-Up Authorization, and Admission Information.

Please return the forms.

Please return all forms and the \$15.00 one time per family registration fee in an envelope marked ASP to the attention of Mr. Guggenbiller. Make checks payable to Our Lady of Angels.

Daily Cost: \$10.00 per child, per day.

Thank you for your cooperation. If you have any questions, do not hesitate to contact me at 216-251-6841 or email me at aftercare@olangels.org.

Thank you,
Mr. G.
ASP Director

Program Information

Location: The aftercare program will be held in the gym of the Primary Building.

1. Starting Date: September 8, 2025
2. Ending Date: May 29, 2026
3. Time: 2:50pm to 6PM all school days (1:50pm to 6pm on early dismissal days)
4. Fees:
 - a. One time non-refundable registration fee \$15.00 due with registration.
 - b. Daily Cost: \$10 per child, per day.
5. Credits will be allowed for sick days and calamity days. Credits will also be given if your child is signed up for a specific day but for some reason cannot attend. This credit will only be given if notification is given in advance (ie: email, note, or phone call to Mr. G. or the school office prior to 2:30pm. There will be no credits given if notification is not received. Credits will be marked in the top right corner of each new schedule (ie: 2 Cr=2days)
6. Payment is due in advance-not on a day to day basis, or after days attended (this will be strictly enforced). Please refer to the payment dates shown on each schedule (every two weeks). The schedules will be sent home with the children or can be found in the sign out folder. Students will not be allowed to attend until schedules/payments are processed. Processing will take 24 hours.
7. Make all checks payable to Our Lady of Angels Church.
8. If your payment by check has been returned to the rectory as NSF (Non-Sufficient Funds), you will be expected to pay the amount due as well as a \$15.00 fee. Mr. G. will contact you if this happens.
9. If you have credits towards the end of the school year, please make sure to use them before the end of the After School Program. Credits will not be carried over to the next school year, nor will refunds be given.

10. Snacks - Children are permitted to bring a snack to the After Care Program. Children are required to bring their own snacks (no popcorn or other snacks that would require a microwave), and may not be shared with others. Water bottles are permitted. Please do not send soda pop, or any drink in a glass bottle.

11. Clothing - Children may change into play clothes. Please make sure children have appropriate clothes and shoes for the weather. There are times we may go outside during the entire year. Children may bring shorts, t-shirts, tennis shoes jacket, gloves, winter hat, scarf, and boots.

12. Program closing - Program closes at 6:00 p.m. Late pick-up fees are as follows: 6:05-6: 10 p.m. \$10.00; 6: 10-6:20 p.m. \$15.00; after 6:20 p.m. \$5.00 per minute. If there is a problem and you know you will be late please call the school office ahead of time.

13. Procedures for picking up child/ren:

- Parent(s)/Guardian(s) picking up child/ren must enter building and sign for child's release.
- Anyone picking child/ren up must have a state issued form of ID with a picture (i.e. driver's license, state I.D.) for the staff of the ASP. This will help the staff get to know the Parent(s)/Guardian(s).
- All children from one family attending ASP must be picked up at the same time unless alternative is approved by ASP director.

• **CHILDREN WILL NOT BE RELEASED ON THEIR OWN.**

• **DIRECTOR SHOULD BE NOTIFIED IF THERE IS A PERSON WHO SHOULD NOT PICK UP CHILD/REN**

14. There will be no ASP on the following days: first week of school, snow days, emergency closing, scheduled school closings, vacations, and the last week of school.

15. There will be at least one adult personnel staffing the ASP each day.

16. Registration includes:

- Registration agreement
- Health record
- Pick-up authorization
- Admission information
- The non-refundable \$15 registration fee

16. If for some reason an emergency occurs resulting in the need for aftercare and your child/ren are not scheduled, please call the school or send a note or email to Mr. Guggenbiller. A phone call or email will be made/sent to confirm whether or not your child/ren are permitted to attend in this situation.

17. If students are in sports or any other extracurricular activity or club and need to leave ASP, you must send a note to Mr. Guggenbiller so the ASP staff knows where the child/ren will be and which adult will be coming to pick up/drop off your child/ren at ASP. Please also make arrangements with the teacher or coach to come and pick up/drop off your child/ren at ASP. Teachers and adults working the After Care Program will not walk your child/ren to their activities. If Mr. G. does not receive a note, your child will not be permitted to leave ASP.

THE PURPOSE OF THE ASP IS TO SERVE THE NEEDS OF THE FAMILIES OF OUR SCHOOL. AS A PARENT OR GUARDIAN, YOU MAY CHOOSE TO USE THIS PROGRAM EVERYDAY, ONE DAY A WEEK, OR ANY NUMBER OF DAYS REQUIRED. ONCE YOUR CHILD/REN ARE REGISTERED, YOU MAY USE THE PROGRAM THROUGHOUT THE SCHOOL YEAR.

THE STAFF OF THE ASP IS LOOKING FORWARD TO ANOTHER VERY SUCCESSFUL YEAR. IT IS THE PURPOSE OF THIS PROGRAM TO MEET YOUR NEEDS IN PROVIDING A SAFE ENVIRONMENT OF CARE FOR YOUR CHILD/REN. PLEASE DO NOT HESITATE TO CONTACT ME REGARDING ANY QUESTIONS OR CONCERNS. 216-251-6851 OR aftercare@olangels.org)

Peace,
Mr Guggenbiller
ASP Director.

**Our Lady of Angels
After School Program
2025-26**

Child Pick Up Authorization

Family Name _____

The following person(s) has my authorization to pick up my child/ren
PLEASE INCLUDE YOURSELF AND ANY OTHER PARENT/GUARDIAN.

Name of Adult	Relationship to child	Form of State ID
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The ASP teachers and staff will have a sign out sheet that must be signed by the parent, guardian, and/or designated pick-up adult each day prior to the child's dismissal.

I understand that the above names are the only persons designated to pick up my child/ren at the Our Lady of Angels After School Program. In the event that another person is going to pick up my child at any time, I will notify the director of the change and what ID is to be used.

Parent/Guardian Signature _____ Date _____

Name of Children: _____

Our Lady of Angels
After School Program 2025-26
Health Record

Family Name _____

Name of Child/ren _____ Date of Birth _____ M F
_____ Date of Birth _____ M F
_____ Date of Birth _____ M F

Parent's Name(s) _____

Family Physician: _____ Phone: _____

Does this child/ren have any physical handicaps? Yes _____ No _____ If yes, please state name(s) of child/ren and explain each situation.

Does this child/ren have any allergies? Yes _____ No _____ If yes, please state name(s) of child/ren and explain the type of allergy along with any special instructions and/or implications.

Please specify name of each child for medications and other medical history information pertinent to proper care.

Current medications: _____

Hospitalization history: _____

Convulsions: _____ Type: _____

Other serious illnesses: _____

Emergency number to reach parents: _____ or _____

Person to contact if parents cannot be reached:

Name: _____ Phone Number _____

Name: _____ Phone Number _____

Our Lady of Angels
After School Program
2025-26
Admission Information

Family Name : _____

Mother's Name: _____ Cell Ph # _____

Home Address: _____

Home Phone: _____ Business Phone _____

Business Address _____

Email Address: _____

Father's Name: _____ Cell Ph # _____

Home Address: _____

Home Phone: _____ Business Phone _____

Business Address _____

Email Address: _____

Child/ren's Names

Grade in 2025-26

Please circle the days your child/ren will be attending the After School Program.

Everyday

Days will vary

Monday

Tuesday

Wednesday

Thursday

Friday

Our Lady of Angels After School Program 2025-26

I understand that during vacations and other days that school is closed due to inclement weather, there will be no After School Program.

I understand that I am responsible for bi-monthly payment of contracted fees, paid in advance; and not contacting Mr. G or the school office by 2:30pm when my child/ren cannot attend on a pre-registered day will prevent me from receiving a credit for that day.

I understand that schedules will be attached to the sign out book and given to my child/ren by way of school mail; that they must be returned by due date, and that late schedules will take 24 hours to process.

I understand that I must notify Mr. G or the school office prior to 2:30pm if any child/ren will not be attending on a scheduled day.

If my child/ren is having problems adjusting to the program, a conference will be arranged between the staff and me.

I understand that dismissal time will be no later than 6:00pm and that a late fee will be charged for late pick-up.

If a medical emergency should arise, the program staff will first attempt to contact me. If I cannot be reached, the staff will contact those named as an emergency contact. If they cannot be reached, the staff will contact the child's doctor. If the emergency is such that immediate hospital attention is necessary, such arrangements will be made. I release the Our Lady of Angels After School program staff from liability in carrying out emergency procedures.

I agree to adhere to the policies of the After School Program and give my child/ren permission to participate fully in the program.

Parent/Guardian Signature: _____

Date: _____

Family (Last) Name: _____

Our Lady of Angels After School Program 2025-26

Please circle the date(s) your child/ren will be attending. Please make all checks payable to Our Lady of Angels Church.

Monday 9-8
Tuesday 9-9
Wednesday 9-10
Thursday 9-11
Friday 9-12

Monday 9-15
Tuesday 9-16
Wednesday 9-17
Thursday 9-18
Friday 9-19

Payment and schedules are due by Friday, September 5. Please return this schedule with payment in a sealed envelope with student's name and room number, attention Mr. G. Make checks payable to Our Lady of Angels Church. Students may not attend until schedules are processed (24 hours from turn in) parents will be called to pick up students not scheduled.

Key Notes:

- Welcome Back! We are excited to see all of our aftercare friends again, and looking forward to new friends joining us!
- Please notify Mr. G. or the school office by 2:15 if your child/ren will not be attending on any specific day. If Mr. G. or the school office is not notified, you will not receive a credit for the day. The safety of your child/ren is our number one concern. If you have any questions, please email me at aftercare@olangels.org

Mr. G.
Aftercare Program Director
aftercare@olangels.org

Important Notes for Mr. G.
