

Our Lady of Angels School

After School Program (aftercare@olangels.org)

Mr. Guggenbiller, Director

Dear Parent(s)/Guardian(s),

Attached are the necessary forms for the After School Program for the 2026-2027 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 registration fee** in an envelope marked ASP to the attention of Mr. Guggenbiller. Make checks payable to *Our Lady of Angels Church*.

DAILY COST: \$10 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.

Sincerely,

Mr. Guggenbiller
ASP Director

Our Lady of Angels School

After School Program (aftercare@olangels.org)

Mr. Guggenbiller, Director

PROGRAM INFORMATION

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

1. Starting/Ending date – September 14, 2026/May 28, 2027
2. Time – 2:50 p.m. to 6:00 p.m. all school days (1:50 p.m. to 6:00 p.m. on compressed days)
3. Fees:
 - One time **non-refundable** registration fee \$15.00 due with registration
 - **DAILY COST: \$10 PER CHILD, PER DAY.**
4. Credits will be allowed for sick days and calamity (snow) 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 (i.e. email, note or phone call to Mr. G or the school office prior to 2:30 pm. There will be no credits given if notification is not received. Credits will be marked in the top, right corner of each new schedule (i.e. 2 Cr =2 days)
5. 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.**
6. **MAKE ALL CHECKS PAYABLE TO OUR LADY OF ANGELS CHURCH.**
7. 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 fee. Mr. G. will contact you if this happens.
8. 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.

9. 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.

10. 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.

11. 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.

12. 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 an alternative plan is approved by the 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.**

13. 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.

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

15. Registration includes:

- Registration agreement
- Health record
- Pick-up authorization
- Admission information
- 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 e-mail to Mr. G. 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. G. 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 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, AS NEEDED THROUGHOUT THE SCHOOL YEAR. THERE IS NO SET 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 (216-251-6841 or aftercare@olangels.org)

Sincerely,
Mr. Guggenbiller (Mr. G.)
ASP Director

Our Lady of Angels School

After School Program, (aftercare@olangels.org)

Mr. Michael Guggenbiller, Director

REGISTRATION AGREEMENT

I UNDERSTAND THAT DURING VACATIONS, AND ANY 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 2:30 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 2:30 PM, IF ANY CHILD/REN WILL NOT BE ATTENDING ON A SCHEDULED DAY.

IF MY CHILD 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 P.M. 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: _____

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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 2026-2027

PLEASE CIRCLE THE DAYS YOUR CHILD/REN WILL BE ATTENDING THE AFTER SCHOOL PROGRAM.

EVERYDAY

DAYS WILL VARY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

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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: _____

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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 IDENTIFICATION

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 IDENTIFICATION IS TO BE USED.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

NAME OF CHILD/REN: _____

