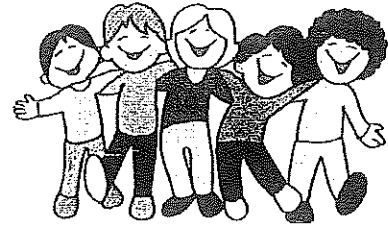


# Marathon City School District After School Child Care



The Marathon School District is currently planning on offering After School Child Care for students beginning the first day of school. *After Care may be limited based on staffing.* The child care will run from 3:00-5:30 p.m. Parents interested in registering their child(ren) should complete the attached registration form and return it to the MAES Office as soon as possible. Earliest returned registration forms are given first consideration in the event enrollment is capped (depending on number of supervisors hired).

Child care providers will encourage reading, homework time, and games of low organization. A snack will be provided by the caregivers.

### Parental Responsibilities-

1. Emergency information must be completed and in the hands of the child care provider.
2. Parents/guardian must sign out children each day upon pick-up.
3. All children enrolled in MAES child care must be picked up at MAES. Students are not allowed to walk home.

### Costs - \*\* Prices subject to change per school board action. \*\*

A rate of \$6.00 per hour per child will be charged per day that the children are in attendance in the program. For the first hour the charge will be \$6.00 per child no matter how long the child is there, so if the child is only in care from 3:00-3:30 the charge will still be \$6.00. After the first hour the charge will be \$1.50 for every 15 minute increment the child is in attendance. This means that if your child is in attendance from 3:00-4:10 you will be charged \$6.00 for the first hour and \$1.50 for the additional 15 minute increment of time making the charge \$7.50 for the day. Bills will be ready every Monday and set out with the sign-out sheet for the children. Payments will be expected to be made by Friday of each week.

### Special Provisions & Procedures- (illness or incident)

1. Cases which appear to be of minor nature will be taken care of on the premises. Medication will not be administered unless both a written statement from a physician detailing method, amount, and time schedule, and a written statement by parents authorizing the staff to assist a child in taking such medications are on file. Parents must supply the necessary medication in the original labeled container.
2. In cases which appear serious, the primary caregiver will make an effort to carry out the instructions as given on the registration form regarding medicine.
3. Parents are expected to make provisions for taking sick children home.
4. If the home does not supply adequate emergency instruction, or if the instructions given cannot be followed at the time of the emergency, the child care staff will act according to their best judgment for the welfare of the child.

### Expectations for Children's Behavior-

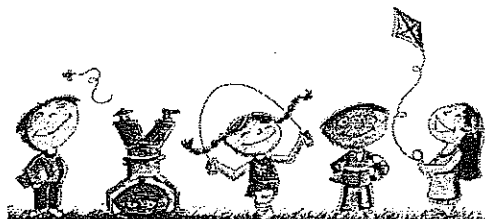
The discipline procedures of the school will carry over into the After School Child Care program.

Infractions will be handled by the coordinator in conjunction with the school administration.

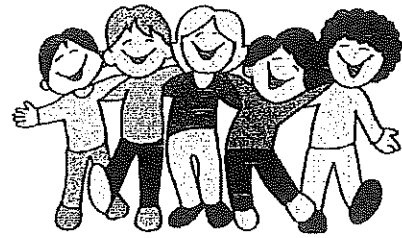
Behaviors detrimental to other children, the provider, or the facility, could result in dismissal from the program.

### Inclement Weather Days-

The After School Child Care program operates on days when school is in session for the full day. The program will not operate on days school is cancelled or released early due to weather or other emergencies.



**After School Child Care  
Registration Form**  
Marathon Area Elementary School  
2024-25 School Year  
(Beginning Tuesday, 09/03/2024)



Name: \_\_\_\_\_ Grade (2024-2025 school year) \_\_\_\_\_ Age \_\_\_\_\_

Medical Concerns: No Yes: \_\_\_\_\_

Name: \_\_\_\_\_ Grade (2024-2025 school year) \_\_\_\_\_ Age \_\_\_\_\_

Medical Concerns: No Yes: \_\_\_\_\_

Name: \_\_\_\_\_ Grade (2024-2025 school year) \_\_\_\_\_ Age \_\_\_\_\_

Medical Concerns: No Yes: \_\_\_\_\_

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

Parent Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Primary Email address \_\_\_\_\_

Place of Employment \_\_\_\_\_

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

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Indicate days in which child care is needed \_\_\_\_\_

Estimated time of pick up \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Child Care enrollment will be capped based on the number  
of Child Care supervisors hired.  
Earliest returned registration forms are given first consideration.