



COMMUNITY AFTER SCHOOL ENRICHMENT PROGRAM  
2017-18 SCHOOL YEAR

**Registration Fee: \$25.00 1 Child**  
**\$30.00 2 or more children**

**Tuition: \$267.00/monthly 1 child**  
**\$373.00/monthly 2 children**  
**\$484.00/monthly 3 children**  
Daily (drop in) Rate: \$16.00 per child

The Community After School Enrichment Program (C.A.S.E.) held at St. Jude School is available to any student ages 3-12 enrolled in grades PreK – 6.

Pre-registration is required prior to attendance to the program. A minimum attendance of two days per week is required. A registration form is attached and should be returned before your child(ren) starts the C.A.S.E. program. The days you choose your child(ren) to attend, payment will be due whether your child(ren) is here or not.

The C.A.S.E. program will not be open on snow days or any other emergency closings. No refunds will be made for snow days or emergency closings. Late fee of \$1.00 per minute per child will be charged.

Daily programs may include free play with games, toys, or outside play. Children should wear sneakers each day to participate in outside play and gym games. A homework room is provided for three-quarter hour Monday through Thursday. A healthy nutritious snack, classes in art/craft day, gym day, and whole group game day are also part of the program.

Special day programs include game day, puzzle day, sculpture day, and videos. A few times during the year special programs will visit C.A.S.E. These may include music and art programs from local museums.

Please call St. Jude the Apostle School to let us know if your child will not be attending on a scheduled day.

If you are interested in our C.A.S.E. program, or if you have any questions, please contact St. Jude the Apostle School at 283-0333.

**REGISTRATION FORM**  
**C.A.S.E. Program**  
**42 Dana Ave.**  
**Wynantskill, NY 12198**  
**283-0333**

Date \_\_\_\_\_

**Child's Information**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ (2017-18)  
Favorite Interest: \_\_\_\_\_ Email Address \_\_\_\_\_

What days will student attend program? (Please ✓ the box)  
 Monday    Tuesday    Wednesday    Thursday    Friday

**Family Information**

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Place of Business: \_\_\_\_\_ Business or Cell Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Place of Business: \_\_\_\_\_ Business or Cell Phone: \_\_\_\_\_

The following have permission to pick up at the C.A.S.E. Program. **Please include yourself.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency and Health Information**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child any particular fears? \_\_\_\_\_  
Has your child any of the following disabilities? (Please check)  
 Hearing    Speech    Vision    Seizures

Has your child any allergies? \_\_\_\_\_

Has your child any physical limitations? \_\_\_\_\_

What is your child's present condition of health? \_\_\_\_\_

Is your child enrolled in any special classes in school? \_\_\_\_\_

Parent comments: \_\_\_\_\_

Please fill out this form completely. It will serve as the C.A.S.E. Program's permission to be responsible for your child(ren) while they are under our supervision.

This is to certify that my son/daughter \_\_\_\_\_ has my permission to participate in all of the activities that take place at the C.A.S.E. Program from September 2017 through June 2018. I understand the C.A.S.E. Program will provide responsible staff and volunteers for the care of my child(ren).

I realize that in case of any emergency, every effort will be made to contact parent/guardians or named emergency contact prior to seeking emergency medical care.

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Address (Street, City, Zip)

\_\_\_\_\_  
Address (Street, City, Zip)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

✂ \_\_\_\_\_

\_\_\_\_\_ give my permission for my child \_\_\_\_\_ to attend all off-site field trips with the C.A.S.E. Program for the 2017-18 school year. I understand I will be informed of each trip in advance.

\_\_\_\_\_  
Signature of Parent/Guardian

The C.A.S.E. Program has my permission to publish any photographs of my child \_\_\_\_\_ that are taken for public purposes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please do not publish photographs of my child \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Thank you**

Doc: CASE registration form