

Saint Matthew School
School Phone: 860-583-5214

Guardian Angel Program (GAP)
GAP phone: 860-216-7578
Email: yrodriguez@smsct.org



33 Welch Drive
Forestville, CT 06010



**GAP After School Care Registration Form
2021-2022**

Dear Parents,

Welcome to the 2021-2022 year! GAP can be accessed on www.stmatthewschool.com, click on the Parents tab then on the After-school Care (GAP) tab. Information will be posted on this site. Please check them frequently.

GAP hours are as follows:

- Monday, Tuesday, Thursday and Friday (with the exception of the occasional 12:30 dismissal) 2:30-5:30 pm
- Wednesday 2:05-5:30 pm
- Early dismissal days 12:30- 5:30 pm
- If GAP should be cancelled, a note will be sent home in advance, as well as, a posting in the After-School Care tab on the school website.
- Should school be closed early due to snow or any other reason, GAP hours will be announced on the School Messenger system. Children must be picked up within the allotted time frame.

Rates for GAP are as follows:

- **Registration Fee per family is \$25.00.** All families must pay this to take part in the program.
- **ALL PRIOR BALANCES NEED TO BE PAID IN FULL BEFORE REGISTRATION FOR THE NEW SCHOOL YEAR WILL BE ACCEPTED.**
- Full time rate...Attending GAP on a daily basis is **\$75.00** per child per week.
- Part time rate or drop-ins is **\$18.00/day** except for **Wednesday** which is **\$20.00**
- Hourly rate **\$8.00**
- If a child is absent from GAP, you do not need to pay for that day.

Payments may be sent in either on Monday or Friday of each week. **IN THE MEMO SECTION OF YOUR CHECK PLEASE WRITE THE DATES THE PAYMENT COVERS.** Please send payments in an envelope marked GAP or hand to the GAP teacher when picking up your child/children.

All families must complete the attached **Registration form** and an **Authorization for Medical Treatment form** for **each child** to participate in the GAP program. This information is used by the GAP staff only, as the school office is not always available to the program. **These forms need to be returned to school before the start of the new school year.** Please fill out the "Anticipated Usage" chart on the GAP registration form to the best of your knowledge.

GAP location/Pickup/Attendance:

- GAP is held in the Gym/classroom/playscape and parking lot behind the school. These areas give the children a larger area to do homework and play.
- Snack is given upon arrival at GAP followed by homework and play time outside and in the gym. When the weather does not allow for us to go outside, we stay in the gym. We are a firm believer in sending the children outside whenever possible, so we ask that as the seasons change you send you child/children in with proper outdoor clothing. We do not go outside if the temperature drops below 32 degrees.
- Pick up of the GAP children is at the gym doors. Always look for the sign marked "GAP" facing Welch Drive. This alerts those who are picking up as to where GAP is located.
- Children **MUST** be picked up by 5:30 pm or there will be a late fee of \$20.00 for every 10 minutes a parent is late in picking up. If there are circumstances that arise, please call the GAP phone (860-216-7578) to inform the staff.
- **INFORM YOUR CHILD'S TEACHER BY SNEDING A NOTE INDICATING THAT YOUR CHILD WILL BE ATTENDING GAP, ESPECIALLY IF YOU DO USE THE PROGRAM ON A REGULAR BASIS.**
- Call the school office (860-583-5214) prior to dismissal to indicate a change of dismissal directive for the safety of your child.

If you have any questions or concerns, fell free to contact me by calling the school office, leaving a message on the GAP cell phone (860-216-7578) or emailing me @ yrodriguez@smsct.org

The staff and I thank you for entrusting us with your precious gifts from God. They truly are special!

Sincere Blessing,

Mrs. Yolanda Rodriguez

GAP Director

Saint Matthew School guides students' minds, hearts and souls to live as Jesus did. In the tradition of the Sisters, Servants of the immaculate Heart of Mary, we encourage students to be people of faith, critical tinkers, and lifelong learners.

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Gap After School Care is available to all registered students of Saint Matthew School. GAP starts immediately after school and ends at 5:30pm. To ensure the safety of your child/children through a socially-interactive, child-centered environment, three/four adults provide care. The required fees are the sole support of this program. It is not subsidized by the school.

STUDENT INFORMATION:

Childs' Last Name _____ First Name _____ Middle Name _____
Entering Grade _____ Age _____ Birthday _____

Child/children reside with (please circle):

Both parents Mother Father Other: _____
Name & Relationship

MEDICAL PROBLEMS OR ALLERGIES:

Physician: _____ Physician's Phone Number: _____

MOTHER/GUARDIAN INFORMATION:

Mother's Last Name _____ First Name _____ Middle Name _____
Address: _____
Street _____ City/ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email: _____ Billing Preference: ___ email ___ paper
Employer: _____ Occupation: _____
Employer address: _____

FATHER/GUARDIAN INFORMATION:

Father's Last Name _____ First Name _____ Middle Initial _____

Address: _____
 Street _____ City/State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Billing preference: ___email ___paper

Employer: _____ Occupation: _____

Employer address: _____

ANTICIPATED USAGE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2:30 – 3:00					
3:00 – 3:30					
3:30 – 4:00					
4:00 – 4:30					
4:30 – 5:00					
5:00 – 5:30					

AUTHORIZED PICK-UP

For safety purposes, only the adults listed below and the Father/Guardian and Mother/Guardian may pick up your child from GAP. If there are changes to this information, please notify the GAP Director. Only a signed note indicating another adult is allowed to pick up your child will be accepted.

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

I agree to abide by all the rules of the GAP After School Care Program as stated in the handbook. I understand that the GAP fees are separate from my tuition and that as a registered parent of Saint Matthew School, I may have my child take advantage of the GAP After School Care Program as long as this paperwork is completed and returned to the GAP Director.

PARENT/GUARDIAN: _____

SIGNATURE: _____ DATE: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR CHILD ST. MATTHEW AFTER CARE PROGRAM

I _____ and _____
 (mother or legal guardian) (father or legal guardian)
 of _____ in the Town(s) of _____
 (street address)

County of Hartford, State of Connecticut, are (am) the parent(s) and/or legal guardian(s) of _____
 (child's name)
 of _____ Town of _____
 (street address)

County of Hartford and State of Connecticut, who attends Saint Matthew After School Program, 33 Welch Drive, Forestville, CT 06010.

I (We) hereby give my (our) consent to the Director of said school or any authorized official of said school, in the event all reasonable attempts to contact me (us) at _____ or _____
 (primary phone number) (secondary phone number)

or a third party/family member at _____ for the administration of any treatment
 (alternate phone number)

deemed necessary by Dr. _____ at _____
 (preferred physician) (phone number)

or Dr. _____ at _____
 (preferred dentist) (phone number)

or in the event the appropriate practioner is not available, by another licensed physician or dentist; and the transfer of the named child to _____ or any other hospital reasonably accessible.
 (preferred hospital)

I understand that whenever possible, I will be notified prior to medical treatment of my child. I understand that I will be notified at the earliest possible time should prior notice prove impossible.

My child is allergic to the following medications and anesthetics: _____

I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.

	PRIMARY INSURANCE	SECONDARY INSURANCE
INSURANCE CARRIER		
EMPLOYEE/CARDHOLDER		
POLICY NUMBER		

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____