

# **Welcome to STACK**

## **Before and After School Care**

School Office Phone: 252-447-3137

Hours of Operation: 6:30 a.m. – 7:35 a.m.

Evening: 2:30 p.m. – 6:00 p.m.

STACK was established to provide supervision for students of Annunciation Catholic School who must be cared for away from their families before and after school hours on days when school is in session. Supervisors are certified in the Diocese of Raleigh Safe Environment Training and have passed a complete criminal background check. The program includes supervised homework time, outdoor play, structured play and free play activities in a spirit of love and care.

Completing the information on the back of this form and returning it to the school office will automatically enroll your child in the program. This will allow you to utilize the program whenever you need.

Students who arrive at school prior to 7:35 a.m. and/or remain at school 10 minutes after dismissal will report to STACK. Parents will be charged accordingly.

**Daily Option:** This option is for students who expect to utilize STACK occasionally or for a short amount of time per day. This is also a wonderful option for students who need to stay after school waiting for their sports and clubs to begin.

**\$6.00 per hour for the one child**

**\$5.00 per hour per child for two children**

**\$4.00 per hour per child for three or more children**

**Families using STACK everyday may choose 10 monthly payments of**

**\$240 per month for one child**

**\$400 per month for two children**

**\$480 per month for three children**

**\$560 per month for four children**

\*Students not picked up within 10 minutes of the end of the school day will be charged at the hourly rate. Students who arrive at school prior to 7:35 a.m. will be charged at the hourly rate.

\*\*Payment for STACK is due ten days after receipt of the monthly bill. Failure to stay current on payment may result in suspension of services.

For further information, please call the school office at 252-447-3137.

**STACK Registration Form**

Name of Student: \_\_\_\_\_

Age of Student: \_\_\_\_\_ Grade of Student: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Age of Student: \_\_\_\_\_ Grade of Student: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Age of Student: \_\_\_\_\_ Grade of Student: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Phone Number: \_\_\_\_\_

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

Emergency Contact:

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

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

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Please list all those authorized to pick up your child. Please be aware that your child will not be released to anyone not on this list without notification.

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

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

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

Please list all known allergies, reactions, and treatments:

\_\_\_\_\_  
\_\_\_\_\_

Please provide name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I plan for my child to attend STACK:

**Mornings**  Monthly  Hourly  As Needed  
 **Afternoons**  Monthly  Hourly  As Needed

In case of injury or illness, the STACK program will contact me immediately. In unable to reach me, I authorize the STACK program to call an emergency contact, physician indicated, or emergency response.

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

Date: \_\_\_\_\_