St. Matthew
CATHOLIC COMMUNITY

(Changes to this year's program are highlighted in yellow.)

St Matthew Parish for Father Allouez Catholic School After School Program for ages 3K – 4th grade

Parent Handbook

2025 – 2026 school year

Thank you for choosing St Matthew Parish for Father Allouez Catholic School as your after-school care provider.

This program is available to all Father Allouez Catholic School -St. Matthew Campus students in 3K-4th grade. It is a self-funded program that was created in response to our parishioners/parents/students need for after school care.

This Parent Handbook is intended to help parents become more familiar with the program goals, curriculum, policies, and procedures. The form's parents need to complete for registration are included at the end of this handbook.

If you have questions or concerns about the program, please contact the program administrator, Stacy Smits, at the St Matthew Parish Center at 920-435-6811 ext. 309 or stacysmits.stmatts@gmail.com.

MISSION

To ensure the success of each student by creating a safe environment that enriches the minds of students by challenging them to grow spiritually, academically, creatively, emotionally, physically, and socially.

PROGRAM GOALS

- Provide quality care and supervision while allowing children enough independence to satisfy their individual needs.
- Provide a safe and friendly environment in which students can thrive academically as well as socially.
- Provide support for students with a busy schedule for silent/individual activities and homework.
- Provide a fun and enjoyable experience for students through interesting and age appropriate activities.

FEES

Registration:

New family registration fee of $45/single child or $60/family for 2+ students

Returning family registration fee: waived

Rate Schedule:

After-school care:
3:00pm – 4:00pm $12/day
3:00pm – 4:30pm $13/day
3:00pm – 6:00pm $15/day
After-school care on early dismissal days: Not offered!

Discount:

10% per family for two children registered and billed each month
20% per family for three or more children registered and billed each month
30% per family for GRACE School teachers/employees

Who to notify if your child/ren do not need to go to After School Care – or – if you use the service on an as-needed basis, who to notify if your child/ren needs to attend:

The best person to notify is your student/s teachers. Please email your students teacher for particular needs of child care. Your student's teacher will then assure that they are outside for afterschool pickup, at the bus for transportation, or are led downstairs to the After-School Care room.

BILLING PROCEDURE

You will receive a monthly bill through email for the number of times that actual care was provided. See below for payment options.

**Please note that payment by check or electronically through "NetSimple" is preferred. If there are any payment record discrepancies, your check or online transaction can be traced between your and the parish's bank records. Thank you.*

Four ways to make payments:

1) **Payments may be dropped off at:**
   Father Allouez Catholic School – St Matthew School office
   2575 S. Webster Ave
   Green Bay, WI 54301

2) **Payments may be mailed directly to:**
   St. Matthew Parish – After School Program
   130 St Matthews St
   Green Bay, WI 54301

3) **Payments may be made via the parents' financial institutions online banking program:**
   Send payment to: St. Matthew Parish
   130 St Matthews St
   Green Bay, WI 54301
   *you MUST reference "After School Program" on the check or memo line

4) **Payments may be made electronically via the St. Matthew website online program, NetSimple. The program is easy to use; please see attached document for step by step directions.**

Late Fee:

A $20 late fee per month will be added to your account for any monthly payments not received by the third week following monthly billings. (Example: January billing statements will be emailed the first week of February. You will have until the end of the third week in February to pay this bill or a $20 late payment fee will be added.)

Non-Payment:

In addition to monthly late fees accruing, non-payment after two months will result in your child(ren) being dropped from the program and will not be permitted into the after-school child care room. If after late payments and fees are made in full; a $45 re-registration fee will be required for your child(ren) to be permitted back into the program.

Previous Year Un-Paid Balances:

All previous school year (school year 2024-2025) un-paid child care balances MUST BE paid in full before any child(ren) are permitted to register for the up and coming school year after school program. This is non-negotiable.

For new billings in the 2025-2026 school year, we understand that challenging times may arise so if you have problems making your payments, please contact the program administrator, Stacy Smits, at the Parish Center 920-435-6811 ext. 309 or stacysmits.stmatts@gmail.com so a payment schedule and contract may be negotiated.

PROGRAM POLICIES

Sign In/Out:

All children being picked up *MUST BE SIGNED OUT* by a parent/guardian, person authorized on the "REGISTRATION FORM" or person named on an "AUTHORIZATION FOR NON-PARENTAL OR NON-PREAUTHORIZED PERSON CHILD PICK UP" form.

Door entrances/After-hours entry:

Each family will be assigned two (2) door fobs at the start of the school year. The fobs must be used at door #6 for entry. If a fob is lost or stolen, you MUST report it to the After-School Care Director, Stacy Smits, so it can be dis-engaged and a new fob assigned. UNDER NO CIRCUMSTANCE CAN YOUR CHILD/CHILDREN USE THESE FOBS! If it is seen that parents are sharing the fobs so children can "run into the school", your fobs will be dis-engaged immediately and alternative measures will be put in place for student pick up.

There will be a $25 charge per fob that is not returned at end of the school year. This fee will be billed on final billing statements in June.

**If your family requires more than two (2) fobs, please contact Stacy Smits for arrangements.

Pick Up by Person Not Authorized on Registration Form:

If for any reason someone is picking up your child other than those listed on your registration as authorized for pick up, you will need to complete an authorization form and return it to the director prior to the pickup time. The person picking the child(ren) up will be required to provide photo identification or they will not be allowed to leave with your child(ren). An authorization form is included in the forms section at the end of the handbook. If it's a last-minute change, please call the School Office, Stacy Smits at the Parish Center or email stacysmits.stmatts@gmail.com.

Personal Possessions:

There are no toys from home allowed at the after-school program; including electronic devices and trading cards.

Scheduling:

Day before Labor Day: Friday Aug. 29, 2025
Please note: there will NOT be After School Care available on the school day prior to Labor Day.

Day before Christmas Break: Friday Dec 19, 2025
Please note: there will NOT be After School Care available on the last day of school prior to the Christmas Holiday; whatever day that would fall upon.

Day before Spring Break: Friday March 6, 2026
Please note: there will NOT be After School Care available on the last day of school prior to Spring break; whatever day that would fall upon.

Easter Monday: Monday April 6, 2026
Although GRACE is scheduled to be is session (as of 3/20/25), this is a Diocese holiday and there will be no After School Care offered.

Day before Memorial Day: Friday May 22, 2026
Please note: there will NOT be After School Care available on the school day prior to Memorial Labor Day.

Last full day of School: Thursday June 4, 2026
Last ½ day of School: Friday June 5, 2026
Please note: there will NOT be After School Care available on the last FULL day and ½ day of the school year in June; whatever days those would fall upon.

Teacher to Child Care:

St Matthew Parish for Father Allouez Catholic School care teacher ratio averages 1 teacher to 15 children.

Medications:

A "MEDICATION CONSENT" form must be completed and returned to the school. Medication will be administered by the director or program aides unless directed otherwise. We do not administer any medication that does not have the drug store label or over the counter label on the container. A "MEDICATION CONSENT" form is included in the forms section at the end of the handbook.

Inclement Weather:

The program is not set up to run on early release days due to weather or snow days. Please make sure you have other arrangements made for these days.

NON-PICK UP PROCEDURE

If you do not pick up your child, the following procedure is in place. First, if we cannot reach you, your emergency contact(s) will be called. You are responsible for keeping your contacts updated with us; we will call all numbers listed. If contacts cannot be reached within 30 minutes of the program closing, the police department will be contacted.

DISCIPLINARY ACTION

The Christian behavior expected from students at the after-school program reflects the values of common courtesy and safety considerations. Students are expected to respect self, respect others and respect parish/school property.

In order to keep a safe and friendly environment for everyone involved in the program the following policies will be in effect regarding behavior and discipline.

Inappropriate behavior (physical abuse, bullying, not following directions, etc.) will be dealt with in the following manner:

-Step one: Verbal warning
-Step two: Time out
-Step three: Parent may be called prior to or spoken to at pick
-If necessary - Step four: Parent/authorized persons must pick-up child from care-School Principal will be notified and may be involved.

If after these steps are taken the behavior fails to be corrected, parents/guardians will be asked to attend a conference with the child to discuss behavior and ways to resolve the problem. If after a conference the behavior is continued and the severity of the problem is deemed strong enough, the child will be dismissed from the program at the discretion of the director and administrator.

SUSPENSION/EXPULSION

There are two general disciplinary situations that may lead to suspension or expulsion from the program; both must be verified by evidence:

1. When the moral of physical well being of the student body or staff is engaged. Under no circumstances may a student threaten the well being of other members of the school community. Any remark that suggests bodily harm to another will be taken seriously. The police will be called to help process any reported incidents of threat.
2. When there is prolonged open disregard for authority.

Suspension is of a temporary nature and is used to reinforce the seriousness of the inappropriate choice and/or behavior of the student.

Expulsion is permanent.

PROGRAM CONTACT INFORMATION

General Information/Payments/Billing/Scheduling/Administration:

Stacy Smits
St Matthew Parish Business Manager
130 St Matthew St
Green Bay, WI 54301
920-435-6811 ext. 309
stacysmits.stmatts@gmail.com

How to reach the After-School Care room in the event of a need or an emergency (from the hours of 3:00-6:00):

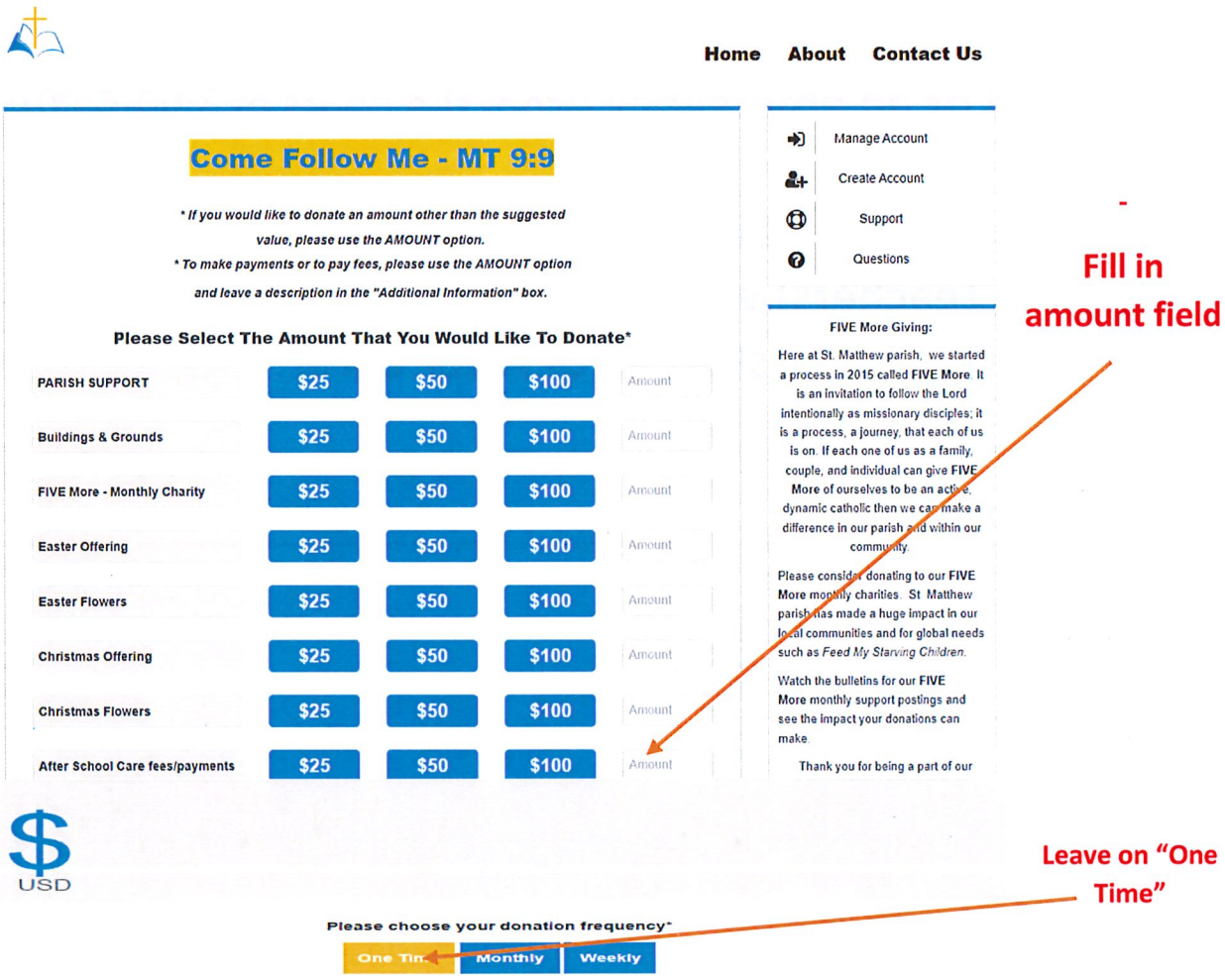
Emergency contact numbers (those of the After-Care Program teachers) will be provided to parents during the first week of After Care.

To Make Online Payments

1. Sign into the St. Matthew website at: www.stmattsgb.org

- Under "HOME" go to: OnlineGiving
- Click on the *NetSimple* icon

2. Fill in your payment amount, contact information and Credit or Debit Card information:



Contact Information *

First Name | Last Name

stacysmits.stmatts@gmail.com

Phone #

Organization

Payment Information *

Payment Method / Card Type

Select Payment

Name on Card

First Name | Last Name

Card Number

Expiration Date

Month | Year

Security Code

Security Code

Billing Address

Street Address | Street Address 2

City | State | Zip

Additional Information (max 250 characters)

Leave us a comment or let us know if this donation is in honor of someone special.

I'm not a robot

reCAPTCHA
Privacy - Terms

Total Amount : $ 0.00

Submit My Donation

Complete Contact and Card information:

A..This field will be blank, please fill in your email address!

B..Skip/do not complete "Organization" field.

C. Fill out Credit Card or Debit Card information; we are NOT able to accept payment direct from a checking nor savings account using a routing number.

Click

Click
(once you have "submitted" your payment, you will receive a confirmation email)

ST MATTHEW PARISH FOR FATHER ALLOUEZ CATHOLICE SCHOOL AFTER-SCHOOL PROGRAM REGISTRATION AND EMERGENCY INFORMATION 2025/2026 School Year

FAMILY LAST NAME

_____

Child(ren) Information

Name (Last, First, MI)	Home Address (Street, City, Zip)	Home Phone #	Birth date (m/d/yr)	Grade Aug. '24	Age as of Aug. 2024	Teacher Name
1)						
2)						
3)						
4)						

Parents or Guardian

	Name (Last, First, MI)	Home Address (Street, City, Zip) *if different from child	Home Phone#	Work Place Name and Address	Work Phone #	Authorized to Pick Up (Y/N)
Mother						
Father						
Guardian						

***REQUIRED – Email addresses for all parents/guardians (please print clearly):**

Email Address: _____

Email Address: _____

Email Address: _____

Parent's Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Spouse Deceased

Note any custody arrangements or restrictions (Attach court order if applicable)

Persons Authorized to Pick Up Child(ren) other than parents/guardian

Name (Last, First, MI)	Home Address (Street, City, Zip)	Home Phone #	Work Phone #

Emergency Contact (person to contact when mother, father or guardian cannot be reached)

Relationship to Child	Name (Last, First)	Home Address (Street, City, Zip)	Home Phone #	Work Place Name and Address	Work Phone #	Authorized to Pick Up (Y/N)

CHILD CARE OPTION (Mark with an x under each child)		**Days of the week (Mark with child number; use an x if the same for all children)**					**Child #1**	**Child #2**	**Child #3**	**Child #4**	**Expected Pickup Time From After Care**
		Mon	Tues	Wed	Thurs	Fri					
After school	3:00 – 4:00										
After school	3:00 – 4:30										
After school	3:00 – 6:00										

*Although you may pick up your child(ren) anytime during your selected care times, we are asking for the expected times to help in the planning process.

REGISTRATION FEE FOR NEW FAMILIES IS $45/CHILD OR $60/FAMILY AND SHOULD ACCOMPANY THE REGISTRATION FORM. PLEASE MAKE CHECKS PAYABLE TO: *ST. MATTHEW.*
IF REGISTRATION FEE IS NOT ATTACHED, YOU WILL BE INVOICED.

HEALTH HISTORY RECORD

St Matthew Parish for Father Allouez Catholic School After-school Program

Please note that St. Matthew Parish does not have access to FACS records. Although you were asked to provide this information on school registration forms, it is important that we are also made aware of your child/rens health history in the event of an emergency.

Child's Name _____ **Date of Birth** _____

Name of family physician _____ **Phone number of Doctor** _____

Family medical/hospital insurance carrier _____

Part I: Illness and injuries (check those that apply)

				☐Hypotension
☐Ear infection	☐Bleeding/Clotting Disorders	☐Hypertension	☐Asthma	☐Hypoglycemia
☐Heart Defect/Disease	☐Musculoskeletal Disorders	☐Seizures	☐Diabetes	☐Other (specify)

Date of last health examination: _____

Were any complicating medical problems noted in last health examination? _____
Include complete explanations on reverse side.

Part II: Allergies (check those that apply and specify nature of allergic reaction)

☐Animals	☐Hay Fever
_____	_____
☐Pollen	☐Food
_____	_____
☐Medicines/Drugs	☐Insect stings
_____	_____
☐Plants	☐Other (specify)
_____	_____

Part III: Other health conditions (check those that apply)

☐Emotional/Behavioral Disorder	☐Hearing impairment
☐Fainting	☐Special dietary regime
☐Nosebleeds	☐Wears glasses or contacts
☐Other (specify)	

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions.

Also, indicate any activities to be encouraged or to be restricted. Indicate when to call parents regarding specific symptoms.

_____

_____

_____

_____

_____

_____

I (We) hereby give consent for emergency medical care or treatment to be used only if I (we) cannot be reached immediately.

Signature of Parent/Guardian _____ **Date** _____

Printed Name: _____

Parent/Guardian Day Time Phone Number _____ **Cell Phone Number** _____

Signature of Parent/Guardian _____ **Date** _____

Printed Name: _____

Parent/Guardian Day Time Phone Number _____ **Cell Phone Number** _____

St. Matthew Parish After School Care

PARENT HANDBOOK, INCLEMENT WEATHER, and DOOR FOB ACKNOWLEDGEMENT

I sign acknowledging:

1). I have read the St Matthew Parish Parent Handbook (available on the FASC website) for the Father Allouez Catholic School After-School Program

2). The St Matthew Parish for the Father Allouez Catholic School After-school Program is not set up to run on:

A. Half days of school

B. Early release days due to inclement weather

C. Snow days where school is determined to be closed.

3). I understand that:

A. We will be issued two (2) door fobs at the start of the school year

B. Will <u>not</u> allow my child/children to use the fob for door access

C. We will return the fobs at the end of the school year; if fobs are not returned at the school year, we understand that we will be charged $25 per fob on my final June billing statement.

All parents or legal guardians must sign acknowledgement:

_____ _____

Parent/legal guardian Date

_____ _____

Parent/legal guardian Date