

## **St. Teresa of Avila After-School Program**

Our After School Program provides supervised care for students in grades K-8th attending St. Teresa School. We provide an educational and recreational alternative for working parents. The children will be able to participate in a variety of activities, such as crafts, indoor and outdoor play, games, and parties. Homework assistance will be provided. The program is only available when school is in session. NO LATCHKEY ON EARLY DISMISSAL DAYS.

**Listed below is the general schedule for the day:**

2:30-3:00 Attendance and snack time

3:00-3:45 Homework/reading time

3:45-4:45 Recess/ free time (weather permitting)

4:45-5:45 Inside toy time and crafts

5:45-6:00 Clean-up

We offer a wide variety of activities throughout the school year. The program is located in the cafeteria from 2:30-6:00 pm.

**A \$25 non-refundable registration fee must accompany the registration form for all students. Please make checks payable to St. Teresa of Avila Latchkey Program.**

**Latchkey is \$10 per day. You will receive a bill at the end of the month. Please pay promptly. If we do not receive payment within a week of receiving the bill, your child will not be permitted to attend latchkey until payment is received.**

**Students MUST be picked up by 6:00 P.M. Any student who is picked up after 6:00 P.M. will be charged \$1 per minute until they are picked up. This extra fee must be paid immediately. Your child may not return to Latchkey until this fee has been paid.**

If you have any questions, concerns, or need more information please feel free to contact me, Jennifer Ostertag, ostertag\_j@stteresa.net or by phone 513-471-4530.

I look forward to having an amazing school year!

Thank you,

Jennifer Ostertag

Principal

**St. Teresa of Avila After-School Program Registration Form**  
**2025-2026**

Child/ren's Name(s)	Grades Birthdate	Allergies-if yes, please explain

**Parent(s)/Guardian(s) Information**

Mother's Name:	Father's Name:
Address:	Address:
Work Number:	Work Number:
Cell Number:	Cell Number:

Does Your Child(ren) take any medications on a regular basis \_\_\_\_ NO \_\_\_\_ YES If yes, please list \_\_\_\_\_  
 Chronic Conditions (asthma, epilepsy, etc.) \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
 Preferred Hospital \_\_\_\_\_

Emergency contact if said Parent/Guardian is unavailable:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Relationship \_\_\_\_\_

Person(s) other than Parent/Guardian **PERMITTED** to pick up my child(ren): Name

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

Person(s) other than Parent/Guardian **RESTRICTED** to pick up my child(ren):

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

ARCHDIOCESE OF CINCINNATI RELEASE AND INDEMNIFICATION OF THE MEDICAL  
POWER OF ATTORNEY

1. I, THE LAWFUL PARENT OR GUARDIAN OF \_\_\_\_\_, RELEASE FROM ALL LIABILITY, AND INDEMNIFY AND HOLD HARMLESS THE Archbishop of Cincinnati, both individually and as trustee for the Archdiocese of Cincinnati and all parishes with the Archdiocese, and the officers, agents, representatives, volunteers, and employees of either the Archdiocese or any other parish thereof (agents) from any liability, actions, causes of actions, claims, judgements, cost or expense, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in or traveling to or from the activity.
2. I agree to instruct my child to cooperate with all agents of the Archbishop in charge of the activity.

My child has my permission to participate in the After School Care Program at St. Teresa of Avila School. I understand that this program includes, but is not limited to homework, crafts, movies, and other recreation programs. We further agree to indemnify the Archdiocese of Cincinnati of the above, shall not be held liable for any injury or loss of clothing, school books, toys, etc. which my child may sustain while participating in the program.

In cases of divorce or separation, the parent enrolling child/children will be the parent responsible for all monthly payments and subsequent charges. If the divorce decree requires the other parent to pay all or part of the monthly payment, it is the enrolling parent's responsibility to collect from the other parent.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

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