

Welcome!

Dear New Gabriel Club Family;

We are delighted to welcome you to GABRIEL CLUB, St. Gabriel's the extended care program! Gabriel Club was established to provide a safe, nurturing and enriching after school experience for your child. Gabriel Club After Care will begin on August 28, 2023 and will be available for the convenience and comfort of our families on all school days from 3:00pm to 6:00pm. Gabriel Club's schedule and other important information may be found on the school website (www.stgabschool.org).

Here are a few important notes:

- REGISTRATION –is available on the school website.
- PROGRAM SIGN-IN/OUT – Kindergarten children line up in the hallway before coming into the cafeteria. All other students come in on their own. After everyone is accounted for, check-in begins. When your child is picked up in the evening, the adult who is picking them up **MUST** be listed on the Pick-Up Authorization Form. It is critical that adults sign out children every night. Both the pick-up time and the supervising adult's signature are required. The first time any adult comes to pick up a child, a photo ID is required.
- PROGRAM DIRECTOR – Jill Farace is Gabriel Club's Program Director. She will be your primary point of contact for Gabriel Club.
 - Gabriel Care – gabrielcare@stgab.or
 - Jill Farace's Cell Phone – (314) 578-0157. Please Note: Jill will utilize this cell phone between the hours of 3pm and 6pm.
 - If you need to share information about your child during the school day (8am to 3pm), please phone the school office at 314.353.1229 instead.
- OTHER TEAM MEMBERS – Adults, university students and high school seniors compose the team; additional staff may be hired to support the program as needed.
- ARCHANGEL ACTIVITIES – Archangel Activities will provide Gabriel Club students with optional enrichment program opportunities. Programs require separate registration and separate payment. All of the activities are great supplemental opportunities for Gabriel Club students. More info available on school website.

We look forward to getting to know your children and your family!



GABRIEL CLUB

St. Gabriel's After Care Program

"About My Child"

PARENTS INFORMATION		
Family Name:		
Mother's Name:		
Father's Name:		
CHILD(REN) INFORMATION		
Child(ren)		
Name	Grade/Teacher	DOB
Name	Grade/Teacher	DOB
Name	Grade/Teacher	DOB
Name	Grade/Teacher	DOB
TELL US ABOUT YOUR CHILD(REN)!		
We would like to know more about what your child(ren) 's interests! Favorite color, sports, interests, hobbies, etc.		
Child 1:		
Child 2:		
Child 3:		
Child 4:		
ADDITIONAL INFORMATION TO SHARE ABOUT YOUR FAMILY		



GABRIEL CLUB

After Care | Parent Agreement

Please sign and return to school office.

FAMILY
Family Name:
CHILD (REN)
Name/Grade:
Name/Grade:
Name/Grade:
Name/Grade:

Please initial beside each statement acknowledging you have read the following information: _____

_____ I understand that payment for the St. Gabriel the Archangel School After School Care Program (“Gabriel Club”) is due on the first school day of the month, and will be made by the 10th of each month for each child receiving care. Failure to pay on time could result in a late fee and/or dismissal from the program.

_____ I understand that it necessary to pick up my child(ren) by the 6 PM daily program close time. Failure to do so will result in a late pick- up fee (\$10.00 for every 5 minute interval) and possible dismissal from the program.

_____ I give permission for my child(ren) to receive medical attention and/or to be transported for such care in the event of a medical emergency (at which time, the parents will be notified.)

_____ I understand that my child(ren) will be expected to behave in accordance with the Code of Student Conduct for St. Gabriel the Archangel School. Failure to adhere to these policies will result in a path of progressive discipline that will include parental involvement and could include losing Gabriel Club attendance privileges, and/or and possible dismissal from the program.

PARENT SIGNATURES	
Signature of Mother	Date:
Signature of Father	Date:

GABRIEL CLUB PARENT PERMISSION FOR WALKING FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a Gabriel Club activity requiring a walk to a location away from the school building that is within walking distance. This activity will take place under the guidance and supervision of Gabriel Club employees. This is a consent for your child to participate in a walking field trip to Francis Park.

Name of the Event: Walk to Francis Park
Destination: Francis Park
Supervised by: Gabriel Club team members

To be used throughout the 2021-2022 school year for walks to Francis Park Method of Transportation: Walking
If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____ in the event described above.

I understand that this event will take place away from the school grounds and that my child will be under the supervision of Gabriel Club employees through current school year. I further consent to the conditions stated above on participating in this event, including the method of transportation.

Parent's Name: _____

Parent's Signature: _____

Date: _____

Please return this form by the first day of school.