

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 the second day of school 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 – Sister Ann Francis Monedero is Gabriel Club's Program Director. She will be your primary point of contact for Gabriel Club.
 - Sister Ann Francis' Email – amonedero@stgab.org
 - Sister Ann Francis' Cell Phone – (512) 573-4582. Please Note: Sister 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!

**SAINT GABRIEL THE ARCHANGEL
CATHOLIC ELEMENTARY SCHOOL**

GABRIEL CLUB AFTER CARE – REGISTRATION FORM (Fall 2021 – Spring 2022)

STUDENT(S) INFORMATION		
Last Name:	First:	Grade:
Last Name:	First:	Grade:
Last Name:	First:	Grade:

PARENT INFORMATION		
Father's Last Name:		First:
Street Address:	City/State:	Zip:
Primary Phone:	Additional Phone:	
Email Address:		
Mother's Last Name:		First:
Street Address:	City/State:	Zip:
Primary Phone:	Additional Phone:	
Email Address:		

EMERGENCY CONTACT(S) INFORMATION	
Name:	Relation to Student:
Primary Phone:	Additional Phone:
Name:	Relation to Student:
Primary Phone:	Additional Phone:

MONTHLY PAYMENT INFORMATION <i>(Please check option that applies. Prices subject to change prior to Fall 2016)</i>			
Full-time (Monday – Friday)	1 child - \$160 _____	2 children - \$270 _____	3 + children - \$320 _____

Please return this form along with a \$50 deposit (made payable to St. Gabriel School) per family to:

Saint Gabriel the Archangel School
Gabriel Club After Care
4711 Tamm Avenue
Saint Louis, MO 63109

If you have any questions, please contact the school office at (314) 353-1229

**SAINT GABRIEL THE ARCHANGEL
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GABRIEL CLUB AFTER CARE - PICK UP AUTHORIZATION FORM/ EMERGENCY CONTACTS (FALL 2021 – SPRING 2022)

Please list ALL persons (including parents/legal guardians) who will be picking up your child(ren) from Gabriel Club. **Children will not be released to anyone not on this list.** Phone permission will not be accepted as a way of permission for a child to be released to someone not on this list. If there are any changes to this form, they must be submitted in writing, by a parent/legal guardian, in a timely fashion.

STUDENT(S) INFORMATION		
Last Name:	First:	Grade:
Last Name:	First:	Grade:
Last Name:	First:	Grade:

PARENT INFORMATION	
Father's Last Name:	First:
Signature:	
Primary Phone:	Additional Phone:
Place of Employment:	Work Phone:
Email Address:	
Mother's Last Name:	First:
Signature:	
Primary Phone:	Additional Phone:
Place of Employment:	Work Phone:
Email Address:	

EMERGENCY CONTACT(S) INFORMATION	
Name:	Relation to Student:
Primary Phone:	Additional Phone:
Name:	Relation to Student:
Primary Phone:	Additional Phone:

Please list below names and numbers of those we may contact, in case parents/legal guardians can't be reached. The names listed below are also authorized to pick the child(ren) up from Gabriel Club.		
Name	Relationship	Phone Number(s)

Please add as many names as you would like to this form – use back of page if necessary

Saint Gabriel the Archangel School
Gabriel Club After Care
4711 Tamm Avenue
Saint Louis, MO 63109

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GABRIEL CLUB

St. Gabriel's After Care Program
Fall 2021 – Spring 2022

"About My Child"

PARENTS INFORMATION

Family Name:

Mother's Name:

Father's Name:

CHILD(REN) INFORMATION

Child(ren)		
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:

Appendix 12 Policy 5502

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 Sr. Ann Francis and other 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: Sr. Ann Francis and 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 Sr. Ann Francis and Gabriel Club employees through the 2021-2022 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: _____

Please return this form by the first day of school.

Gabriel Club – After School Care Use of Electronic toys

Your child(ren) will be able to play with their electronic toys from every Thursday during the activity period.

This means they will have:

- a. to carry their electronic toys all day in their book bags without taking them out during the school day;
- b. to take care of them as we, Gabriel Club team, will not be responsible for any lost or broken electronic toys;
- c. to play with the electronic toys at the designated time.

During the time allotted, Gabriel Club team will monitor the children and what games they are playing. Games of a violent nature will not be tolerated. Pictures of anyone at Gabriel Club cannot be taken with any electronic toy. Misuse of this privilege will result in not being able to bring electronic toys to Gabriel Club.

Please sign below to allow your child(ren) to participate.

My child(ren) _____ has permission to participate in playing with electronic toys on every Thursday in Gabriel Club, at the designated time. I understand that this means:

- a. the electronic toys will be in their book bags and will not be allowed to be taken out during the school day;
- b. the Gabriel Club team will not be responsible for any lost electronic toys;
- c. children playing any games of a violent nature will be asked to leave that game and entertain another, no pictures of anyone at Gabriel Club can be taken;
- d. abuse of this privilege will result in not being able to participate on the next Thursday.

Parent/Guardian signature _____

Date _____

Please return this form by the first day of school