

B.A.S.E.
After School Program
2025 - 2026
St. Mary Catholic School
222 Waterman Street
Sycamore, IL 60178
815-895-5215

Welcome to St. Mary Catholic School B.A.S.E. This program is self-sustaining and provides quality childcare for students who attend St. Mary Catholic School in Sycamore. B.A.S.E. operates daily, after school hours. Our program offers a variety of activities, which are supervised and guided by caring personnel.

To Reach Our Coordinator:
Dial the school office at 815-895-5215.

Emergency Contact Form:

A completed Emergency Contact Form must be turned in for each child in attendance. It is the responsibility of the parent/guardian to keep the B.A.S.E. Coordinator informed of any changes to this form.

Illness or Emergency:

If your child becomes ill or an emergency arises during the program hours, you will be contacted and asked to pick up your child.

Times of Operation:

The program runs from school dismissal **until 5:30 p.m.**, each day that St. Mary Catholic School is in session.

Exceptions (No B.A.S.E. on these days):

No B.A.S.E. on the first and last day of the school year.

No B.A.S.E. on School Holidays.

No B.A.S.E. when school is dismissed early or closed due to weather or other emergencies.

Nutrition:

Please send a snack and drink for your child every day. Please note any known food allergies on your emergency form.

Sign Out Policy:

You must sign your child out each day they attend. Only the parents, guardians and authorized persons are permitted to sign out your child.

Rates:

The BASE Program is an independent entity of the school and prepayment will assist in keeping this service available to our families. Monthly pre-payment is due by the 1st of each month for that month. Payments begin on September 1st of each school year. Please see the selections below and choose the rate that suits your family the best. Payments should be made payable to St. Mary School BASE.

Monthly Rates: For daily attendance (12 or more times per month)

<u>One Child</u>	<u>Two Children</u>	<u>Three or more Children</u>
\$200.00	\$220.00	\$240.00

Daily Rates: For occasional attendance or emergency attendance (less than 12 times per month)

<u>One Child</u>	<u>Two Children</u>	<u>Three or more Children</u>
\$18.00	\$27.00	\$30.00

Because our employees are contracted to work until 5:30 p.m., a late fee of \$10 will be charged for each ten-minute period you are tardy picking up your child. Excessive tardiness or failure to make payments in a timely fashion may result in your child being removed from the program.

Billing Questions:

Contact our Administrative Assistant, Lindsey Hines, 815-895-5215

Items from home:

The B.A.S.E. Program is not responsible for the loss or damage to any personal property.

Responsibility:

The B.A.S.E. Program expects each child to:

- Act in a manner that shows you are a follower of Jesus Christ.
- Be kind and respectful to others.
- Be responsible for your actions.
- Comply with the School Handbook.
- Handle toys and materials with care.

Discipline:

Because of the importance of self-discipline in a multi-age social atmosphere, there is an established plan that affords each child the opportunity to manage their own behavior. If a child is unwilling to behave in a responsible manner, it will result in a negative consequence for him/her.

1. A verbal warning will be given to the child.
2. The child will be placed in a time out.
3. A behavior report will be sent home with the child, which needs to be signed and returned to the school Office the following day.

If a child receives three behavior reports within one school year, a meeting will be set up immediately with the School Principal, parent or guardian and Program Coordinator. The purpose of this meeting will be to discuss the inappropriate behavior and determine if the child will be allowed to continue to attend B.A.S.E.

B.A.S.E. Acknowledgement of Receipt of Guidelines

I have read and understand the St. Mary Catholic School B.A.S.E. Program guidelines and agree to abide by the guidelines.

Parent/ Guardian – Sign Name

Date

Parent/ Guardian – Print Name

Parent/ Guardian - Phone Number

Registration for B.A.S.E. Program

First and Last Name of Child	Grade	Date of Birth
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First and Last Name of Child	Grade	Date of Birth
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First and Last Name of Child	Grade	Date of Birth
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First and Last Name of Child	Grade	Date of Birth
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I will be using:

_____ Monthly Rate (Please see the rates below)

_____ Daily Rate (Please see the rates below)

Monthly Rates: For daily attendance (12 or more times per month)

<u>One Child</u>	<u>2 Children</u>	<u>3 or more Children</u>
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<u>One Child</u>	<u>2 Children</u>	<u>3 or more Children</u>
\$18.00	\$27.00	\$30.00

Parent/ Guardian – Sign Name	Date
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Parent/ Guardian – Print Name

Parent/ Guardian - Phone Number	Additional Number
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B.A.S.E. Emergency Contact Form

PLEASE PRINT ALL DETAILS CLEARLY

Date: _____

Last Name

First Name

Home Address

City

State

Zip Code

In an emergency, we will contact you in the order of the numbers listed below.

Your Number (____) _____

Your Secondary Number (____) _____

Your Spouse's Number (____) _____ (Name) _____

If you are unable to be reached, we will contact your emergency contacts in the order listed below:

EMERGENCY CONTACT INFORMATION:

1st Contact: _____
Last Name First Name

1st Contact Phone (____) _____

2nd Contact: _____
Last Name First Name

2nd Contact Phone (____) _____

Is your child allergic to anything?

Yes / No (Circle One), If yes, please list all allergies.

Is your child taking any medication we should be aware of?

Yes / No (Circle One), If yes: Please list all medications:

The information requested on this form is confidential and for emergency use only. In the event of a medical emergency, this information will be used by authorized emergency personnel. Please be honest when completing all pertinent information.

In the case of an emergency, I give permission for this information to be released to emergency personnel. I also agree that any of the emergency contacts listed on this form may be notified in an emergency, as needed.

Parent/ Guardian – Sign Name

Date

Parent/ Guardian – Print Name

Please return the completed, signed and dated forms to the B.A.S.E. Coordinator or to the school office. Please contact us at 815-895-5215, if you have any questions.