B.A.S.E.
After School Program
2026 - 2027

St. Mary Catholic School
222 Waterman Street
Sycamore, IL 60178
815-895-5215

Guidelines
Effective July 15, 2026

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 (except on our 2:00 PM dismissal on Wednesdays or closed due to weather or other emergencies.

Nutrition:
Please send a snack and a 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 & Payment Policy

The BASE Program is an independent program of St. Mary School. Timely payment helps ensure that this service remains available for our families.

Monthly Rates *(For students attending 12 or more days per month)*

One Child	2 Children	3 or more Children
$210.00	$235.00	$250.00

Families enrolled at the monthly rate will be pre-billed through FACTS. Monthly invoices will be generated on the 1st of each month, beginning September 1, and payment will be processed through your FACTS account.

Daily Rates *(For occasional or emergency attendance of fewer than 12 days per month)*

One Child	2 Children	3 or more Children
$20.00	$30.00	$35.00

Families using the daily rate will be billed through FACTS the month following attendance.

Late Pick-Up Fee

Because our staff members are scheduled to work until 5:30 p.m., a late fee of $10.00 for each 10-minute period will be charged for children picked up after 5:30 p.m.

Delinquent Accounts

All BASE fees must remain current. Any account that becomes more than 30 days delinquent may result in the student's suspension from the BASE Program. The student will not be permitted to attend BASE until the outstanding balance has been paid or satisfactory payment arrangements have been made with the school.

Excessive tardiness in picking up your child may also result in removal from the BASE 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

First and Last Name of Child Grade Date of Birth

First and Last Name of Child Grade Date of Birth

First and Last Name of Child Grade Date of Birth

I will be using:

_____ Monthly Rate (Please see the rates on page 3)

_____ Daily Rate (Please see the rates on page 3)

Parent/ Guardian – Sign Name Date

Parent/ Guardian – Print Name

Parent/ Guardian - Phone Number Additional Number

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.