

BLS Aftercare The Eagles Nest

BISHOP LEIBOLD
SCHOOL

Play & Learn

The aftercare program is open to Bishop Leibold students in PreSchool to grade 8. The program is held at the Our Lady of Good Hope Campus on S. Third Street.

Students follow a daily schedule that includes snack, dedicated homework time, arts & crafts, and free play both in and outdoors.

Schedule

We are open on normal school days from 3:00pm–5:30pm.*

Families are required to sign their student out at pickup each day and are encouraged to arrive by 5:30pm to avoid late fees.

*Aftercare is closed on early dismissal and non-school days.

Pricing & Billing

Pre-K

\$15/hour

Grades K-8

\$11/hour – first student

\$6/hour – each additional student

Additional Fees Include:

- \$25/family registration fee
- \$2/minute late fee billed per child beginning at 5:31

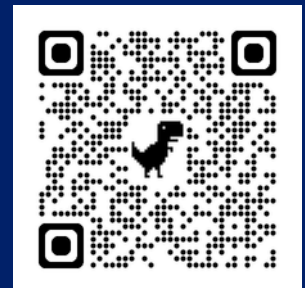
Billing will be posted to the family FACTS account on a monthly basis.

Registration

Registration for the 2026–27 school year begins August 1, 2026!

Required paperwork can be found in this packet or on our website: bishopleibold.org/current-families

Questions? Email us at: aftercare@bishopleibold.org





2026-27 Aftercare Registration Sheet

Thank you for your interest in the BLS Aftercare program! We are excited to continue this offering for the 2026-27 school year. Below you will find important program information and required forms for parent/guardian completion.

Completed forms are to be emailed to aftercare@bishopleibold.org prior to formal acceptance to the program.

Families will be contacted by the Aftercare Coordinator to confirm registration and start date.

Program Schedule and Location: Aftercare is held at the Our Lady of Good Hope campus from 3:00pm-5:30pm. The program follows the BLS school calendar and is open on normal school days. There will be no aftercare on early dismissal and non-school days. Students in grades 3-8 at the St. Henry campus will be transported via Miamisburg School District busing to the Our Lady of Good Hope campus each afternoon.

Students follow a daily schedule that includes snacks*, dedicated homework time, arts & crafts, and free play both inside and outside.

*If a student requires specialty snacks due to allergies, parents are to send approved snacks with the student on days they will attend aftercare.

Pricing and Billing: Families will be billed on a monthly basis for the days your student(s) attend. Invoices will be posted to the family FACTS account. Billing will be calculated at an hourly rate and rounded to the next half hour starting at 3:00pm. Invoices are due within 30 days of billing. Unpaid balances may result in temporary suspension from the aftercare program.

- Registration Fee: \$25/family added to the first bill
- Pre-K: \$15/hour
- Grades K-8: \$11/hour - First student, \$6/hour - Each additional student
- Late Fees: \$2/minute for each student beginning at 5:31pm

Pickup Procedures: Guardians and emergency contacts listed in this enrollment packet are the only individuals approved to pick up your student(s). ID verification may be requested by our staff at any time. Ring the doorbell at the front door of the school upon arrival or contact our staff at the number and extension listed below.

Adults will be required to sign a pickup sheet each day indicating the time the student(s) are released. This sheet is used for billing purposes. Missed time entries may cause a family to be billed for a full 2.5 hour day per student.

Families are required to communicate late pickups to the aftercare team prior to 5:30pm.

Program Expectations: The aftercare program follows all policies and procedures as listed in the BLS family handbook. By signing the BLS family handbook agreement, families agree to all policies and procedures as related to the aftercare program.



2026-27 Aftercare Registration Sheet

Student Information

Please list the grade level your student will be in during the 2026-27 school year.

Student Name: _____ Grade: _____ DOB: _____

☐ Allergy Restrictions

Student Name: _____ Grade: _____ DOB: _____

☐ Allergy Restrictions

Student Name: _____ Grade: _____ DOB: _____

☐ Allergy Restrictions

Student Name: _____ Grade: _____ DOB: _____

☐ Allergy Restrictions

Parent/Guardian Information

Please list additional parents/guardians under the emergency contact list below.

Parent/Guardian: _____

Phone 1: _____ Phone 2: _____

Email: _____

Parent/Guardian: _____

Phone 1: _____ Phone 2: _____

Email: _____

Custody Restrictions? (circle) **YES*** **NO**

*If yes, a copy of court documentation is required to be submitted along with this registration.



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Emergency Contacts

The adults listed below will be contacted in the event of an emergency or if parents are unable to be reached while their student(s) are at aftercare. These adults will be permitted to pick up your student at any time.

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Email: _____

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Email: _____

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Email: _____

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Email: _____

By signing below, I acknowledge that I have read, understand, and agree to the terms and policies of the Bishop Leibold School (BLS) Aftercare Program as outlined in this document.

I understand that BLS reserves the right to suspend or terminate a child's participation in the Aftercare Program for reasons including, but not limited to, delinquent account balances, behavioral concerns, repeated late pickups, or failure to comply with program policies.

I also understand that the BLS Aftercare Program will use the medical forms submitted to Bishop Leibold School as part of the annual Back-to-School registration process to meet program requirements.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

937.866.3021 ext. 276

aftercare@bishopleibold.org