

ST. MICHAEL CATHOLIC SCHOOL



**Before and After School Care
Program Parent Handbook
2019-2020**

St. Michael Catholic School Before and After School Care Program Parent Handbook 2019-2020

Contact Information: St. Michael Catholic School: 765-647-4961

Program Director: Mr. Ashley Meyer Email: ameyer@smsbrookville.org

Program Coordinators: Mrs. Dina Marshall
Mrs. Paula Reeder

Before/After School Child Care Location: St. Michael Catholic School,
275 High Street, Brookville, IN 47012

Enrollment:

Enrollment into Before/After School Care is open for children in Preschool & Kindergarten thru 8th grade. Parents must enroll in Before/After School Care each Fall. Registration will continue throughout the school year providing enrollment does not exceed the limit established by the State of Indiana licensing regulation. Only those students who are registered may attend Before/After School Care Program. Prior to enrolling a child, parents should make sure the child's school records are complete and up-to-date, including emergency contacts and health care summary sheets. Please notify the Before/After School Care Program staff in writing of any changes in addresses, phone numbers, health matters, emergency contacts or other pertinent information. Upon enrollment, parents should complete an application to assist us in preparing the best possible program for your child. These forms, located in this packet, are also available at St. Michael Catholic School and also on the school's website. Parents must specify in writing those persons allowed to pick child(ren) up from the program. ONLY THOSE PERSONS SPECIFIED ON THE APPROPRIATE FORM AND HAVING PROPER IDENTIFICATION WILL BE ALLOWED TO PICK UP A CHILD. If a parent chooses to terminate use of the Before/After School Care for any reason, the parent must submit a termination request in writing and provide at least a two week notice. The balance due/owed will be calculated accordingly.

Children must be registered to use the Before/After School Care Program. We

reserve the right to automatically register a child in the program when the Before/After School Care services are used. The registration fee will be due at the time of registration. The invoice for use of the program will be posted to the parent/guardian's FACTS account each month.

Times of Operation:

The Before/After School Care Program will be in operation from 6:50am-7:50am AND 3:20pm-5:30pm days school is in session. Children must be picked up no later than 5:30 pm. A late fee of \$5.00, per 5 minutes may be charged for late pick up. When there is a delayed arrival to school (2hr delay), the BEFORE portion of the Before/After School Care Program will be closed. When there is a scheduled early release day from school (2:50pm), the AFTER portion of the Before/After School Care Program will be open and begin at the early release time with no additional cost for the extra time. When there is an emergency early dismissal from school (ie: weather related), the AFTER portion of the Before/After School Care Program will NOT be provided. The Before/After School Care Program will be closed when school is closed during the school year.

Fees and Payments:

Registration Fees: There is a \$10 registration fee per family enrolling in the Before/After School Care Program.

Program Fees: The Before/After School Care Program operates on a prepaid system and is billed online through the parent/guardian's existing FACTS account. Invoices will be prepared based upon the scheduled times and dates selected on the registration papers. Invoices will be posted to the FACTS account on the 25th of each month for the following month's use of the program. Parents will be required to select a payment date, either the 5th or the 20th of each month when FACTS will charge the bank account or credit card on the FACTS account for payment of the invoice. Fees are assessed for all days registered regardless of the number of days in attendance.

Fees for the 2019-2020 school year will be as follows:

Before School Care - \$2.00 per day for each child

After School Care - \$6.00 per day for each child

Before and After School Care - \$7.00 per day for each child (only available to children who attend both before and after school care on the same day).

Late Fees: If payment has not been scheduled in FACTS to be paid before the child(ren) attend the Before/After School Care Program, a late fee of \$10.00 will be assessed. Failure to pay may result in child/children being dismissed from the program.

Absences:

If a student is absent from school, and therefore absent from the Before/After School Care Program, parents must notify the Program Coordinators by cell phone (provided to parents/guardians after registration). Fees are still charged when a child is absent from a scheduled day at the Before/After School Care Program. (If given appropriate notification of an extended absence, whether it be participation in sports/club or a vacation, the fee may be waived).

Snacks:

The Before/After School Care Program will not be providing snacks or drinks of any kind. Students participating in the program are welcome to bring a snack or drink to either portion of the program. Snacks and drinks for the After School portion must be kept in the homeroom teachers classroom during the day in a sealed container (ie: lunchbox) to ensure those students with food allergies are not affected.

Discipline:

The Before/After School Care Program will follow all school rules and regulations. We promote a positive system of child management based on praise, communication, gentle reminders and choices offered to children based on their needs and capabilities. When necessary, a child may be removed from a group for time to settle down or be redirected to another activity. Pink slips may be given if inappropriate behavior persists. The pink slip will be given directly to the parent by the Coordinator. Once a child has received 10 pink slips a meeting will be conducted with the program Coordinator, the program Director and parents of the child. A discipline plan may be made, and in some cases, the child may be removed from the Before/After School Care Program.

Sign In & Sign Out Procedures:

- Children go directly to the cafeteria before/after school and are signed in upon arrival.
- Children enrolled in after school activities such as a club, sports practice, etc. must notify the program Coordinator that they are attending the activity first and will be signing in late to After School Care and are to sign in with the program Coordinator following those activities.
- Only authorized persons with a picture I.D. will be allowed to sign the child(ren) out.
- A parent will be called if the person picking up the child(ren) is not on the pick-up list.
- Child(ren) must be signed in/out daily.
- To remain eligible for the AFTER portion of the Before/After School Care Program, children must be signed out by 5:30pm.

- Parent/Guardians or other persons designated as an authorized person to sign in/out a child to or from the Before/After School Care Program are required to initial by their respective child(rens) name on the sign in/out sheet.
- Children will only be released to those persons listed.
- The Before/After School Care staff reserves the right to refuse to release the child to any person if circumstances so warrant.

DailySchedule

Before School Care:

- 6:50 am - 7:10 am: Students Arriving through the Activity Center Doors and Snack(not provided)
- 7:10 am - 7:40 am: Physical Activity (inside), Arts & Crafts, Board Games, Free Play
- 7:40 am - 7:50 am: Clean Up and Transition to Cafeteria for School Day to begin

After School Care:

- School Dismissal – 3:30 pm: Students Arriving and Snack(not provided)
- 3:30 pm – 4:15 pm: Homework Help
- 4:15 pm – 5:15 pm: Physical Activity (inside & outside), Arts & Crafts, Board Games, Free Play
- 5:15 pm – 5:30 pm: Clean Up and Prepare for Departure from the Activity Center Doors
- 5:30 pm: Program Ends

*The schedule is subject to change based on student's interest and needs.

St. Michael School Before/After School Care
Program 2019-2020 Application Form (Please Print)

1st Child's Name:

Last Name: _____

First Name: _____

Middle Name: _____

Gender: M ___ F ___ Race _____ Birthdate: _____ Age: _____

Grade Attending: _____

2nd Child's Name:

Last Name: _____

First Name: _____

Middle Name: _____

Gender: M ___ F ___ Race _____ Birthdate: _____ Age: _____

Grade Attending: _____

3rd Child's Name:

Last Name: _____

First Name: _____

Middle Name: _____

Gender: M ___ F ___ Race _____ Birthdate: _____ Age: _____

Grade Attending: _____

Parent or Guardian Information (Information will be used for billing/payment questions, emergencies and pick-up verification)

Parent/Guardian #1:

Name: _____

Relationship to child: _____

Mailing Address:

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email:

Employer: _____

Work Phone: _____

Parent or Guardian Information (Information will be used for billing/payment questions, emergencies and pick-up verification)

Parent/Guardian #2:

Name: _____

Relationship to child: _____

Mailing Address:

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email:

Employer: _____

Work Phone: _____

Please list additional names & phone numbers of people (minimum of 2) to contact in an emergency and /or names of persons authorized to pick up child/children. Anyone picking up your child must be 18 years of age and will be required to have photo identification. Changes to this list must be done in writing by the parent/guardian whose signature appears on this registration form.

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Does your child have any physical conditions, allergies, special needs or require any special attention that we should know about?

*** Name of Child #1:** _____

Allergies: _____

Medications (include all medicines plus instructions if medication to be given during Before/After School Care Program times):

Physical Conditions:

Other Needs:

*** Name of Child #2:** _____

Allergies: _____

Medications (include all medicines plus instructions if medication to be given during Before/After School Care Program times):

Physical Conditions:

Other Needs:

*** Name of Child #3:** _____

Allergies: _____

Medications (include all medicines plus instructions if medication to be given during Before/After School Care Program times):

Physical Conditions:

Other Needs:

The Parent or Legal Guardian listed is responsible for payment of any and all fees associated with the Before/After School Care Program. Late fees WILL be assessed if fees are not paid on schedule. Failure to pay may result in child/children being dismissed from the program.

Parent Authorizations:

Emergency Authorizations: I hereby give permission for emergency transportation to the nearest hospital and the medical personnel selected by the staff of St. Michael Catholic School Before/After School Care Program to order x-rays, routine tests and treatment for my child/children listed above. In the event I am not able to communicate or cannot be reached in an emergency, I hereby give the physician selected by the staff of St. Michael Catholic School Before/School After School Care Program permission to hospitalize, secure proper treatment for, and order injections and or anesthesia and/or surgery for my child/children listed above. I will be fully responsible for any costs for such treatment, even if not covered by insurance.

Liability Statement: I, the undersigned, as the parent/guardian of the child/children listed above, give permission for my child/children to participate in the St. Michael Catholic School Before/After School Care Program and hereby assume full responsibility for all risk of injury, which may result from my child/children's participation in activities during this program.

Parent Authorization: I hereby do declare my child/children to be physically sound, having medical approval to participate in the activities at the St. Michael Catholic School Before/After School Care Program. This information is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I certify that my child/children are amendable to behavior management and free from habits or attitudes, which make him/her unable to participate. I have studied the fee information and understand the content thereof. I, the undersigned, give my permission for the above-mentioned child/children to participate fully in the St. Michael Catholic School Before/After School Care Program. I certify that I am the parent or legal guardian of the child/children listed on this registration form and I have the legal authority to make representations and grant authorizations contained herein. I also understand the payment options. I understand late fees will be assessed if I do not pay the invoice by the 5th or 20th of each month, as set up in my FACTS account.

Printed Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____

Date _____

Phone number where you can be reached: _____

St. Michael Catholic School Before/After School Care Program Schedule of Attendance

(Please fill out an attendance sheet for each child enrolled.)

(PLEASE PRINT)

Student #1:

Student's Name: _____

Student's Grade for 2019-20: _____ Please check all those that apply:

Student will attend the following days:

Before School Care (6:50am - 7:50am)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

After School Care (3:20pm - 5:30pm)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Approx drop off time: _____ Approx pick up time: _____

If different for different days of the week please explain:

Student #2:

(Please fill out an attendance sheet for each child enrolled.)

(PLEASE PRINT)

Student's Name: _____

Student's Grade for 2019-20: _____ Please check all those that apply:

Student will attend the following days:

Before School Care (6:50am - 7:50am)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

After School Care (3:20pm - 5:30pm)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Approx drop off time: _____ Approx pick up time: _____

If different for different days of the week please explain:

Student #3:

(Please fill out an attendance sheet for each child enrolled.)

(PLEASE PRINT)

Student's Name: _____

Student's Grade for 2019-20: _____ Please check all those that apply:

Student will attend the following days:

Before School Care (6:50am - 7:50am)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

After School Care (3:20pm - 5:30pm)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Approx drop off time: _____ Approx pick up time: _____

If different for different days of the week please explain:
