

ST. LOUIS CATHOLIC SCHOOL



After School Care Program Parent Handbook 2019-2020

**St. Louis Catholic School
After School Care Program
Parent Handbook
2019-2020**

Contact Information:

St. Louis Catholic School 812-934-3310

Program Director:

Chad Moeller 812-934-3310

Email: cmoeller@st.louisschool.org

Program Coordinators:

Kathleen Flaspohler 513-479-9846

Email: afterschoolcare@st.louisschool.org

After School Child Care Location:

St. Louis Catholic School – 17 E. St. Louis Place Batesville, In 47006

Enrollment:

Enrollment into After School Care is open for children in Kindergarten thru 8th grade. Parents must enroll in 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 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 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 are available at St. Louis 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
APPOPRIATE FORM AND HAVING PROPER IDENTIFICATION WILL BE
ALLOWED TO PICK UP A

CHILD. If a parent chooses to terminate use of the 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 After School Care Program. We reserve the right to automatically register a child in the program when the After School Care services are used. The registration fee and all other fees for services will be included in an invoice sent to the parent/guardian.

Times of Operation:

The After School Care Program will be in operation 3:00pm - 5:30pm on 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 an emergency early dismissal from school, After School Care will NOT be provided. The After School Care Program will be closed when school is closed during the school year.

Fees and Payments:

Registration Fees: There is a \$20 registration fee per family enrolling in the After School Care Program.

Program Fees: The After School Care Program operates on a prepaid systems. Parents have the option of paying every two weeks, monthly or by semester prior to the days of attendance. Checks should be payable to SLS After School Child Care Program. Children are allowed to attend on a Full Time, Part Time, or an As Needed basis. Fees are assessed for all days registered regardless of the number of days in attendance.

Fees are \$6 per day for each child.

Late Fees: If pre-payment has not been made before the child(ren) attend the 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 After School Care Program, parents must notify the Program Coordinators by email or cell phone. Fees are still charged when a child is absent from a scheduled day at the 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).

Discipline: The 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 re-directed 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 After School Care Program.

Sign In & Sign Out Procedures:

- Children go directly to the cafeteria after school and are signed in upon arrival. Children enrolled in such after school activities as a club, sports practice, etc. are signed in 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 person picking up child is not on the pick-up list.
- Child must be signed out daily.
- To remain eligible for the After School Care Program, children must be signed out by 5:30pm.
- Parent/Guardians or other persons designated as an authorized person to sign out a child from the After School Care Program are required to initial by their respective child's name on the sign-out sheet.
- Children will only be released to those persons listed.
- The After School Care staff reserves the right to refuse to release the child to any person if circumstances so warrant.

Daily Schedule

- School Dismissal – 3:10 pm: Students Arriving and Snack
- 3:10 pm – 4:15 pm: Homework Help & Tutoring
- 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 Old Gym
- 5:30 pm: Program Ends

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

St. Louis School
After School Care Program
2019-2020 Application Form
(Please Print)

1st Child's Name:

First Name: _____ Middle Name: _____ Last Name:

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

2nd Child's Name:

First Name: _____ Middle Name: _____ Last Name:

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

3rd Child's Name:

First Name: _____ Middle Name: _____ Last Name: _____
Gender: M ___ F ___ Race _____ Birthdate: _____ Age: _____
Grade Attending: _____

Parent or Guardian Information (Information will be used for accounting 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/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:

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 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 After School Child Care times):

Physical Conditions:

Other Needs:

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

Allergies:

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

Physical Conditions:

Other Needs:

Please return your signed registration form to: St. Louis Catholic School -17 E. St. Louis Place - Batesville, IN 47006

The Parent or Legal Guardian listed is responsible for payment of any and all fees associated with the After School Care Program. The cost is \$6.00 per day for 180 days. 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. Louis School 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. Louis 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. Louis Catholic School 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 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 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 prior to the week my child is attending the program.

Printed Name of Parent or Legal
Guardian _____

Signature of Parent or Legal
Guardian _____

Date _____ Phone number where you can be reached:

After School Care Program Schedule of Attendance

(Please fill out an attendance sheet for each child enrolled. Cost is based on 180 days.)

PLEASE PRINT!

Student's Name: _____

Student's Grade for 2018-19: _____ Please check all those that apply: Student will
attend the following days:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Payment Method: _____ Bi-weekly _____ Monthly _____ Semester

Please list approximate times student will be picked up:

Possible pick up time: _____ If different for different days of the week
please explain:
