

ST. BRENDAN SCHOOL
2016-2016 AFTER SCHOOL CARE PROGRAM
4242 Brendan Lane, North Olmsted, Ohio 44070

Dear Parents,

We the staff of the St. Brendan After Care Program, wish to welcome you and your child/ren to our program. Our goal is to provide a quality program to insure the safety and growth of your child/ren and to provide you with peace of mind. The response we have received about the program has been very positive and we believe that the children will enjoy coming. To insure the success of the Program and to accomplish the above, we provide the following:

The program will start on the first full day of school for all students Kindergarten thru Eighth grade and will be located in Room 1.

Students enrolled in the program will have a daily snack, a varied program of play, leisure activities and homework time. Children may change into seasonal play clothes. For the safety of all the students, only parents and parents, designated persons may pick them up from aftercare.

These are the guidelines for evening pickup:

- *Ring the After Care bell to the left of the school door.
- *Wait for the After Care Staff to let you in.
- *Please sign your child/ren out of the program before leaving.
- *make sure that your child/ren have all of their belongings.
- *Your child/ren are responsible for cleaning up his/her own play area before leaving.

The children may bring play clothes to change into once they have been checked in for Aftercare. Clothes should be weather appropriate since we will sometimes be going outside to play. School uniforms **MUST** be initialed to avoid lost clothing. In inclement weather, we will be going to the gym. Please send gym shoes for those days.

Your child/ren will only be released to you or the person you have listed on the authorized pick up form. A Photo I.D., like a driver's license, will be needed when your child/ren are picked up by someone other than you. Please contact the school office during the day when your child/ren will not be attending the program (due to illness, vacation, etc.) At 777-8433. **This is a must!**

For parents who are not sure if they will need to use the program or for parents who will be using the program for emergencies only, a note or phone call will be needed so we can notify the teachers to send your child/ren to the after school program. You must, however, register your family before you can use the program.

Cost of Program

There is a yearly \$25.00 non-refundable registration fee for each family in the program. **There is also a late fee of \$1.00 per minute after 6:00pm (i.e. pick up at 6:15PM the late fee would be \$15.00).**

Hours and Fees

2:30 - 3:30pm	\$5.00 per child per hour
3:30 - 4:30pm	\$5.00 per child per hour
4:30 - 5:30pm	\$5.00 per child per hour
5:30 - 6:30pm	\$2.50 per ½ hour per child

Parents estimate monthly how many hours they will be using for the month. The monthly billing will be determined by the estimated hours on the monthly calendar form submitted to the director. Therefore, **There are no deductions for illness or for overestimated hours or days.** Payments are due with the monthly calendar. **Delinquency in payments for more than 1-month,** is sufficient cause for having your child/ren withdrawn from the program. Families may register anytime during the school year, provided there is room in the program.

In the event that there is an unpaid balance at the end of the school year, the final report card will not be released until all financial obligations are met.

For questions pertaining to billing or scheduling, contact the director of the program by telephone during aftercare hours or write a short note (440-799-2749).

Philosophy:

- * To provide a secure, safe, and pleasant environment, where St. Brendan students in grades K-8, can go after school.

Program Goals and Objectives:

- * To be a support system of high quality care for working parents.
- * To work closely with St. Brendan School personnel and the parents of each child to insure consistency of care and social development of each individual child.
- * To develop a self-sustaining student care program of after school activities.
- * To provide study/homework time. Homework will be left up to the parents to check. The aftercare staff will provide guidance and help.

Daily Schedule:

- * 2:30 - 2:45pm Come in quietly, check in, change clothing, and use restrooms.
- * 2:45 - 3:15pm Free play in gym or outside, supervised by staff.
- * 3:15 - 3:30pm Snack and clean up.
- * 3:30 - 4:30pm Homework time and/or quiet play for those who complete or have no homework.
- * 4:30 - 6:00pm Finish homework, board games, puzzles, coloring, crafts, free play.

Health Policy:

A child who becomes ill during the program hours will be kept comfortable and in isolation on a cot in the room. A parent will be contacted immediately to come and pick up their child/ren. The cot is sanitized after each use.

Symptoms include but are limited to:

- * fever of 100 degrees or more
- * skin rash
- * vomiting
- * diarrhea
- * pink eye
- * evidence of lice (This is not an illness, but it is communicable)

Please notify us if your child has a communicable disease such as chickenpox, strep throat, scarlet fever, etc. Parents will be notified of any communicable disease that occurs during the program hours. A child may return to the program when he/she is free of the communicable disease.

If your child has an allergy or any other chronic health problems, please make this known to the program staff in writing.

If a medical emergency should arise during the aftercare program hours, and a parent or child's doctor cannot be contacted, the child will be taken by 911 to the nearest clinic or hospital unless otherwise specified on the

emergency medical procedure form.

Medication will **NOT** be administered, during aftercare hours, by school personnel.

Discipline Policy:

- * Adopted for behavior that is aggressive, and/or disruptive and prohibits other children from participating in the program and/or disrupts the program staff. Infractions of the rules include but are not limited to the following:
- * Verbal warning given to child by director/staff.
- * Conduct referral slip written up and must be signed by parent.
- * Parent(s) notified again in writing of child's inability to honor rules and of continued unacceptable behavior; at the same time, principal is notified.
- * Upon notifying parent(s) concerning child's continued unacceptable behavior, director/staff will determine whether to temporarily or permanently suspend child from program.

Major Offenses:

- * Verbal abuse of staff member or another student.
- * Physical abuse of a staff member or another student.
- * Destruction or damage to equipment or property.
- * Infraction of the school's safety policies.
- * Leaving the school premises without permission.
- * Continual disobedience to a staff member.

**St. Brendan School
After Care Program Registration Agreement**

I understand that during vacation (days or weeks) and days the school is closed there will be no program.

I understand that I am responsible for the monthly payment of contracted fees with **NO DEDUCTION** for absence. I will give two weeks notice of withdrawal from the program.

I understand that if my child/ren is/are having trouble adjusting to the program, a conference will be arranged between the staff and myself.

For other after-school activities, the program staff will be notified in writing of these activities in advance.

I understand that dismissal time will be no later than 6:00pm sharp and that a late fee of \$1.00 per minute will be charged after 6:00pm.

I understand that a charge of \$35.00 will be paid for N.S.F. checks written.

I understand that if a medical emergency arises, the program staff will attempt to contact me. If I cannot be reached, the staff will contact those named as emergency contacts. If they cannot be reached, the staff will call EMS, if the emergency is such that immediate hospital attention is necessary. I release the St. Brendan School After Care staff, school, and church from liability in carrying out emergency procedures.

Registration Fee: \$25.00 Paid Cash Check # _____ Date _____

Please Print:

Mother's Name: _____

Home address: _____

Phone: Home _____ Cell _____ Work _____

Father's Name: _____

Home address: _____

Phone: Home _____ Cell _____ Work _____

Marital Status: Married Separated Divorced Widowed

Whom does the child/children live with? _____

If parents cannot be reached in the event of an emergency, please contact:

Name	Relationship	Phone
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1. _____

2. _____

Name of child/children	Age	Grade	Allergies/Medical Conditions
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1. _____

2. _____

3. _____

Estimate days child/ren will attend the program on a weekly basis:

Monday till _____ pm

Tuesday till _____ pm

Wednesday till _____ pm

Thursday till _____ pm

Friday till _____ pm

\$ I understand and agree that a non refundable registration fee of \$25.00 for each family is to be paid in advance of the program opening with the registration forms.

\$ I understand and agree to pay my child/rens program fees. Program fees are due at the beginning of each month with the calendar.

\$ I also agree to pay any late fees (\$1.00 per minute-cash only) incurred on the day when a late pick-up occurs. I understand that my account must stay current.

St. Brendan After School Care Program

Child/ren Pick-Up Authorization Form

Name of Children:

1. _____

2. _____

3. _____

The following parent(s)/guardian(s) have authorization to pick up my child/ren:

Mother/Step-Mother/Guardian

Father/Step-Father/Guardian

The following person(s) have my permission to pick up my child/ren:

Name of adult(s) Relationship to child/ren I.D. checked

Name of adult(s) Relationship to child/ren I.D. checked

Name of adult(s) Relationship to child/ren I.D. checked

The director will have a sign-out sheet that must be signed by the authorized pick up person prior to the child/ren leaving the program.

I understand that the above names are the only persons designated to pick up my child at the St. Brendan School After Care Program. In the event that another person (who is not on the list) is going to pick up my child at any time, I will immediately notify the school office at 777-8433 of the change.

If there is a change in the marital status of the parents listed above or change in guardians listed, **this form must be changed** to reflect who is authorized to pick up the child/ren. The child/ren **will not** be released to an individual not listed above **unless** proper notification is received.

St. Brendan After School Care Program
Medical Emergency Authorization

In the event of an emergency, the staff may call 911 if deemed necessary.

In the event reasonable attempts to contact me (parent/guardian) _____

at (phone) _____ or (parent/guardian) _____

at (phone) _____ have been unsuccessful, I hereby give my consent for the
administration of any treatment deemed necessary by (preferred physician)

_____ (phone) _____ or by

(preferred dentist) _____ (phone) _____.

In the event the designated preferred practitioner is not available, I hereby give my consent for the
administration of any treatment deemed necessary by another licensed physician, and transfer of my child to

(preferred hospital) _____ or

any hospital reasonably accessible by EMS. This authorization does not cover major surgery unless the medical
opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained
prior to the performance of such surgery.

Records: Access and Confidentiality

Any information contained in your child/ren's record shall be kept confidential. We will not share information
contained in the record with anyone without the written consent of the parents/guardians. However,
parents/guardians will have access to their child/ren's records. Parents have the right to add information,
comments, data or relevant materials to their child/ren's record. We otherwise comply with all the rules and
regulations regarding student records as established by state standards for day care centers.

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I understand that if my child/ren is/are having trouble adjusting to the program, a conference will be arranged between the staff and myself.

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I have read and will adhere to the St. Brendan After School Care Program policies and to the registration agreement statements.

Parents Signature: _____ **Date:** _____
(Print)

Parents Signature: _____ **Date:** _____