

St. Rose School
Extended Care Program
2016-2017

MISSION STATEMENT

The St. Rose School Extended Care Program has been established to provide quality and consistent care before and after school for our students. The program is based on the belief that an environment, which encourages socially acceptable self-expression, will be good for each child and the community as a whole.

The program is sponsored through St. Rose School and therefore operates in cooperation with all school policies. It also follows all regulations set forth by the Children's Care Division of the State of Oregon and is a licensed Day Care Facility. Clear communication and careful coordination between parents, program coordinators, and school staff is essential to the success of this program.

GENERAL OPERATING POLICES

Only St. Rose School students may participate in the Extended Care Program.

There will be an attendance sheet for parents/guardians to sign for each day their child/ren uses the center. In the best interest of the child/ren, we require a parent/guardian signature upon arrival and departure. This means parent/guardian must accompany the child into the room in the morning and sign in, and come into the room to sign out when the child is picked up. Attendance for after school care will be projected from the formal family agreements. The caregiver will check in children as they arrive from their classroom after school. Once a child leaves the center with a parent/guardian, the Extended Care responsibility ends for that day.

AUTHORIZATION TO ATTEND OUTSIDE ACTIVITIES

Children will not be released to parties, meetings, sports or other activities without prior written authorization from a parent/guardian (signed and dated).

TIME SCHEDULE

The center will be open before school Monday through Friday from 7:00 a.m. to 8:00 a.m. Students will be dismissed to their classrooms. After school the center will be open from school dismissal time until 6:00 p.m. The center will be open on early dismissal days and various teacher in-service days. Front door is locked. Please ring doorbell.

Students who are scheduled to attend Extended Care on a non-school day must give 24 hours notice if plans change and you do not need Extended Care. **Without 24 hours notice, normal fees will be charged for the day.**

To leave a message for Extended Care, please call 503-281-1912 ext. 131 during the day. After 3:00 p.m., call ext. 113.

DRESS CODE

Please note that students will not be allowed to change out of their school uniform during their stay in Extended Care.

FEE SCHEDULE

Our primary goal is to provide quality care for families. We also want to offer the care as reasonably as possible. All Extended Care hours are billed on a monthly basis.

1 Child Rate	\$4.50 per hour
2 Child Rate	\$7.25 per hour
3 Child Rate	\$10.00 per hour
Drop-In Morning Care	\$5.00 per hour/per child

Morning care is billed at a flat fee according to the fee schedule. If any child arrives prior to 7:45 a.m. they will be signed into Extended Care and billed for 1 hour. Charges for afternoon care will be calculated to the next 1/2 hour. (For example, if your child is picked up at 4:10 p.m., you will be billed until 4:30 p.m.) A \$20.00 fee will be charged for each additional 15 minutes (per child), if children are not picked up by 6:00 p.m. This is in addition to regular hourly fees. Late fees may increase if this problem continues.

REGISTRATION FEE

A yearly non-refundable fee of \$75.00 for the first child and \$50.00 for each additional child is due upon registration.

PAYMENT

Monthly invoices will be billed through Smart Tuition. Delinquency in payment may be cause for student dismissal from the program.

STAFFING

Children will be supervised by an adult caregiver at all times at the recommended ratio (one adult per 10 students age 4 and one adult per 15 students ages 5 and above) under Children's Care Division guidelines for daycare.

CURRICULUM

There will be an established schedule for programs and activities during the afternoon session to include free and structured play, homework time, and arts and crafts. The schedule will be posted outside the Pre-K room.

DISCIPLINE GUIDELINES

Our goal is to provide a positive atmosphere and to nurture the self-esteem of each child. Any disciplinary action for inappropriate or unacceptable behavior will be in accordance with Archbishop Howard School policies.

Respect, consideration and courtesy are the keys for a happy and successful life and will result in a more positive Extended Care experience. A reward system for positive behavior will be enacted. If inappropriate behavior occurs (which is defined as behavior that interferes with the well being of anyone) the child will be separated from the activity. There will be a discussion and commitment on the part of the child to make every effort to refrain from this unacceptable conduct. Time out will depend upon the age of the child. For 4 year olds, time out will be two minutes and will be increased with age to five minutes.

If a child is involved in a physical dispute (or serious disruption) or if there is continued display of disrespect for others, the parent will be notified and appropriate measures will be taken. These measures could include a conference with the caregivers and the parents, or dismissal from the program.

ILLNESS AND EMERGENCIES

Parents are advised to make an alternate plan for care in the event they become unexpectedly detained or their child becomes ill and is not able to attend the program. Parents are required to pick up children immediately who become ill while in Extended Care.

In case of injury, staff members, according to instruction by the American Red Cross, will administer first aid. Minor injuries will be treated and the child will remain in Extended Care. In event of an injury requiring the attention of a physician, the parent will be notified and asked to take responsibility.

All parents/guardians must give Extended Care written authorization to act according to the best judgment of caregivers if immediate action is necessary in case of illness or accident and the parent/guardian cannot be reached.

EMERGENCY CLOSINGS

The Extended Care program will follow St. Rose School closings due to weather, etc. In the event of an emergency closing due to weather or unforeseen reasons, please listen for an announcement on the radio or watch the local news channels. The school website will also have the information you will need if closure or late start is warranted. Do trust your judgment and stay home if you feel the risk is too great to come to school.

St. Rose School
Extended Care Contract
2016-2017

Child's Name _____
Child's Name _____
Child's Name _____

Grade _____
Grade _____
Grade _____

I/We agree to pay the Registration Fee of \$75 for the first child and \$50 for each additional child, and the Extended Care hourly rate. I/We also agree to pay a \$20.00 late fee for each additional 15 minutes past the 6:00 p.m. pick up time per child in addition to regular hourly fees. Late fees will increase with each late pick up.

Please mark the correct option for using Morning Extended Care:

- I/We agree to pay the regular hourly fee for morning Extended Care service on the days St. Rose School is open. I understand that my account will be charged for one hour every morning that school is in session regardless of whether my child is in attendance or not.
- I/We do not plan to use the morning session on a regular basis and elect to pay the Morning Drop-In Rate billed at \$5.00 per child, per day.
- I/We do not plan to use Morning Extended Care. I/We will only need Extended Care in the afternoons.

Snack Option:

Snack will be provided each day. There is no longer a separate charge when a child chooses a snack to eat.

Monthly invoices will be billed through Smart Tuition. Delinquency in payment may be cause for student dismissal from the program.

I have read this agreement and understand that I am responsible for payment of my account within the limits herein stated. I agree that in the event that costs and/or fees are incurred in connection with my account, I will pay all such costs and fees including late fees, collection costs, attorney fees and all court costs.

Parent or Guardian Signature

Date

Student's Last Name _____

EXTENDED CARE MEDICAL/EMERGENCY INFORMATION

Student's Legal Name Last, First, Middle	Nick name (if applicable)	Sex M/F	Birth Date	Grade	Local Area Walks	Publicity
					Yes/no	Yes/no
					Yes/no	Yes/no
					Yes/no	Yes/no

PARENT/GUARDIAN INFORMATION

Last Name First Relationship to Student Home Phone

Address City State Zip

Employer Work Phone Cell Phone

E-mail Address: _____

Last Name First Relationship to Student Home Phone

Address **(if different from above)** City State Zip

Employer Work Phone Cell Phone

E-mail Address: _____

Parent/Guardian Status (Circle one) Married / Single / Divorced / Legally Separated / Widowed

Custodial Rights (Circle one) Both / Mother / Father / Guardian / Other

List at least 2 relatives/friends who are authorized to pick up your child/ren from Extended Care.

Person authorized to pick up:	Phone Number	Relationship to child

List all food allergies:

Child's Name: _____ Allergies: _____

Child's Name: _____ Allergies: _____

Child's Name: _____ Allergies: _____

Additional allergies, information or concerns:

Child's Name: _____ Information: _____

Child's Name: _____ Information: _____

Child's Name: _____ Information: _____

Lifesaving medications (i.e. Epi-pens & inhalers) need to be checked into the school office. An Authorization for Medication form must be completed. Medication must be transported to and from Extended Care by an adult. *****Please be aware that we have students with severe peanut allergies*****

Physician's Name: _____ Phone Number: _____

Medical Plan: _____ Policy #: _____ Member#: _____

Dentist's Name: _____ Phone Number: _____

Hospital Preference: _____

In case of serious accident, 911 and the parents will be called simultaneously. In case of an emergency when a parent or guardian cannot be reached, I give permission to St. Rose School to contact and send the above-named child/ren to the persons listed below, or if necessary, to the doctor and/or hospital indicated. I assume full responsibility if my child/ren needs medical attention and assume any ambulance and medical expenses. I also give permission for St. Rose School personnel to administer CPR and/or first aid if deemed necessary.

In case of emergency if parents cannot be reached, please list **at least two relatives or friends** that we may call:

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

IN ORDER TO COMPLY WITH STATE REGULATIONS, ALL INFORMATION ON THIS MEDICAL EMERGENCY INFORMATION FORM MUST BE FULLY COMPLETED.

Parent or Guardian Signature

Date