

Extended Care 2024 - 2025



SAINT ROSE

CATHOLIC SCHOOL

Saint Rose Catholic School Extended Care

Mission and Policies

The St. Rose Catholic School Extended Care Handbook is published as a guide for parents and students to understand their responsibilities and obligations, as well as statements of policy and procedure that enhance the educational ministry of St. Rose Catholic School. This handbook is a supplement and operates in conjunction with the St. Rose Catholic School Parent Handbook. *The administration and extended care director reserves the right to adjust policy statements as circumstances arise.* Failure to comply with the guidelines in this handbook may result in a student becoming ineligible for St. Rose Catholic School's extended care program.

The overall mission behind the St. Rose Catholic School extended care program is to extend the school's ministry to provide appropriate, safe care for students in Kindergarten through 8th grade after the traditional school day. The extended care program is designed to be a resource for working families who need additional care for their children at the end of the regular school day.

GENERAL POLICIES

Program Hours

3:00 - 5:30 PM on Regular days

2:15 - 5:30 PM on Wednesday Early Release days

12:15 - 5:30 PM on Minimum Days

Extended care will not be available on the minimum days leading into Thanksgiving, Christmas, and Easter vacations or on the final school day of the year.

Extended Care Registration

Students enrolled in Kindergarten through 8th grade in St. Rose Catholic School are eligible for registration in the extended care program. To be admitted to the program, each child must have an Extended Care Registration/Emergency form completed and on file with the extended care director. (Please see the end of this handbook for these required forms.) Parents understand that their children must obey the program's rules (which follow the St. Rose Catholic School Parent Handbook) to use this service.

Fees

The fees for the extended care program are as follows:

Registered students/families:

- Annual Registration Fee \$50.00/family*
- One child: \$8.50/hour
- Two or more children: \$13.00/hour
 - Attendance fees are billed on the ¼ hour of attendance.
 - *Students who are not already registered will be billed \$50.00 on first use of extended care services plus the portion of the hour used.

Students who are not picked up by 5:30 p.m. will be billed at a rate of \$20.00 per hour starting from 5:31 p.m.

Families will be billed monthly through FACTS. Questions regarding the statement should be directed to the school bookkeeper.

Sign-In / Sign-Out Procedure

All students left on campus at the end of the school day and not attending tutoring or school extracurricular events will be brought to extended care by their teacher and will be signed in immediately by the extended care director. Students will be released from extended care to a parent or individual authorized through FACTS to pick up the child. Families must sign out all students simultaneously on a provided sign-out sheet. Children are not allowed to sign themselves out and the adult signing the student out may be asked to provide identification if not recognized by the extended care director.

Behavior / Discipline

Extended care is an extension of the school day therefore all students are expected to follow the behavioral expectations outlined in the St. Rose Catholic School Parent Handbook. Failure to follow these expectations may result in disciplinary action that follows school disciplinary protocols. Should a student repeatedly violate the behavior expectations, the student may lose their extended care privileges.

Sample Extended Care Schedule

Monday, Tuesday, Thursday, Friday

- 3:00 PM Check-in
- 3:00 PM - 3:15 PM Snack (bring from home)
- 3:15 PM - 3:50 PM Homework/Reading (bring a book)
- 3:50 PM - 5:30 PM Activity/Free Play

Wednesday

- 2:15 PM Check-in
- 2:15 PM - 2:30 PM Snack (bring from home)
- 2:30 PM - 3:05 PM Homework/Reading (bring a book)
- 3:05 PM - 5:30 PM Activity/Free Play

Homework / Quiet Time Expectations

Monday through Thursday, thirty to thirty-five minutes of homework / quiet time will be given. This time is intended for students to work on homework assignments or read quietly with minimal distractions.

Saint Rose Catholic School Extended Care Handbook

EXTENDED CARE HANDBOOK PARENT/STUDENT AGREEMENT 2024 - 2025

FAMILY NAME: _____

We intend to use extended care:

From _____ time to _____ time

Regularly scheduled days _____ (M, T, W, TH, F)

Comments: _____

We have read the St. Rose Catholic School Extended Care Handbook and discussed it as a family. We agree to abide by the rules, regulations, and policies outlined in this handbook.

PLEASE PRINT STUDENT NAME(S):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

SIGNATURES:

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Student Name: _____ Student Name: _____

Student Signature: _____ Student Signature: _____

Student Name: _____ Student Name: _____

Student Signature: _____ Student Signature: _____

Student Name: _____ Student Name: _____

Student Signature: _____ Student Signature: _____

Date: _____

Saint Rose Catholic School Extended Care Handbook

EXTENDED CARE REGISTRATION AND EMERGENCY FORM 2024 - 2025

FAMILY NAME: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Parent/Guardian Name(s): _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Home Address: _____

Please list at least two emergency contacts to be contacted if your child is unable to remain at extended care due to illness, injury, or behavior and you cannot be reached.

1. Name: _____

Phone: _____

2. Name: _____

Phone: _____

Please list any pertinent health problems/allergies: _____

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

Permission to photograph student(s) for E.C. newsletter and activities: Yes: _____ No: _____

If the listed persons cannot be reached, I consent to emergency medical or dental treatment, including transportation to the nearest emergency aid facility. I understand that I am responsible for all payment of medical fees, transportation fees, or additional expenses incurred.

SIGNATURES:

Parent / Guardian Printed Name: _____

Parent / Guardian Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO THE EXTENDED CARE DIRECTOR BEFORE YOUR CHILD(REN) ATTENDS AGAIN.