

# Extended Care HANDBOOK 2025 - 2026

## 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 select Fridays days leading into Labor and Memorial Day Weekends, Thanksgiving and Christmas Vacations and the Wednesday leading into Easter Vacation, 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 not picked up by 5:30 p.m. will be billed \$20.00 per hour starting from 5:31 p.m. This \$20.00 charge will be applied each hour on top of the regular hourly extended care rate. Families who are consistently late in picking up their children or who do not stay current on payment for Extended Care will lose the privilege of using Extended Care services for the remainder of the school year. We encourage you to keep on top of your payments and pick your children up by 5:30 to avoid any disruptions in service.

Families will receive a monthly bill through FACTS. Any questions or concerns about 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

#### <u>Homework / Quiet Time Expectations</u>

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.

Policy statements are necessarily general, and the administration reserves the right to adjust as circumstances arise. Please check the website for the most up to date version.

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#### **EXTENDED CARE HANDBOOK PARENT/STUDENT AGREEMENT 2025 - 2026**

FAMILY NAME:	
We intend to use extended care:	
From time to	time
Regularly scheduled days	(M, T, W, TH, F)
Comments:	
	school Extended Care Handbook and discussed it as a , 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 2025 - 2026**

FAMILY NAME:		
Child's Name:	Child's Name:	<del></del>
Child's Name:	Child's Name:	
Child's Name:	Child's Name:	<del> </del>
Parent/Guardian Name(s):		
Cell Phone:	Cell Phone:	
Work Phone:		
Home Address:		
Please list at least two emergency cor extended care due to illness, injury, or	ntacts to be contacted if your child is unable behavior and you cannot be reached.	e to remain at
1. Name:	Phone:	
2. Name:		
Please list any pertinent health proble	ms/allergies:	
Physician:	Phone:	
Dentist:	Phone:	
Permission to photograph student(s) for	or E.C. newsletter and activities: Yes:	No:
including transportation to the nearest	d, I consent to emergency medical or dent emergency aid facility. I understand that loortation fees, or additional expenses incur	am responsible
SIGNATURES: Parent / Guardian Printed Name:		
Parent / Guardian Signature:		
Date:	 HE EXTENDED CARE DIRECTOR BEFO	RE YOUR

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