

## AFTER SCHOOL/EXTENDED CARE

### PARENT/GUARDIAN INFORMATION FOR ST. CHRISTINE SCHOOL EXTENSION PROGRAM (Rev. 08/2025)

This program is designed to fill the child's after school time with time for homework or individual play at their assigned seat. When the weather is nice the children will be outside.

### **SPECIAL PROVISIONS AND PROCEDURES**

#### Illness or Accidents:

In cases, which appear to be of minor nature, First Aid will be administered on the premises. For example, minor cuts or scrapes will be cleaned up with soap and water and a band-aid will be applied. Absolutely no medication will be given to the children.

In cases which appear serious, the Program staff will make an effort to carry out the instructions as given on the "Emergency Address Form" (see attachment). The emergency form is the most important form you will complete, so please make sure it is filled out neatly and thoroughly. Also, make sure that the people whose names you place on the form know that you have given us their names.

Parents who do not wish their child to be treated in any way should indicate this on the Emergency Address Form and Signature Card, "Special Instructions."

Parents will be expected to make provisions for picking up children who are ill. The After School/Extended Care Program does not have facilities for transportation for children.

If the parent/guardian does not supply adequate emergency instructions, or if the instructions given cannot be followed at the time of the emergency, the Program staff will act according to their best judgment for the welfare of the child.

#### Expectations of Behavior, Code of Conduct:

As members of a Christian and caring community, the children will be expected to respect the staff, each other, the materials and environment provided. They are expected to take good care of the materials and toys that are available to them. The children **MUST** clean up after themselves, after their snack, and **MUST** always put away toys or materials that they used. They must never leave the building or grounds without the explicit permission of the Staff of the after school program. Such permission will only be granted by order of the parent/guardian. **THIS MUST BE IN WRITING.**

**If the child displays behavior deemed inappropriate by the staff, the child may not be allowed to return to the after school care program for the rest of the school year.**

In order to maintain a professional atmosphere, we ask the all staff members be formally addressed as adults, that is, "Mr. Smith", "Mrs. Jones", or "Miss Brown". Informal use of staff members first names is inappropriate in the school setting.

(OVER)

## IMPORTANT PARENTAL RESPONSIBILITIES

With children's safety and well being in mind, it is most important that the parent/guardian fills out the EMERGENCY ADDRESS FORM AND SIGNATURE CARD, and adheres to the instructions.

One of the most important regulations concerns the child's leaving the premises of the After School Care Program. Parents should not take children from the After School Care room or other areas without notifying the program staff. Children may NOT leave the after care room for any reason without asking permission from the staff. That includes pick up with their parent/guardian.

Parents/guardians will be asked to show ID when picking up their child/ren. Parents/guardians should **NOT** send friends whose signatures are **NOT** on the Emergency Address Form and Signature Card to ask for the release of children. For the child's safety, the release will not be granted.

## FEES AND PICK-UPS

Additional areas of parental responsibility are in the matters of:

**PROMPT FEE PAYMENT EACH WEEK**

**PROMPT PICK-UP EACH DAY**

The program is entirely self-supporting and financed by fees. **Fees must be paid each week.** Regular and prompt payment will assure the continuation of the program and the provision of ample supplies and equipment.

Checks and cash are accepted. Checks are to be made payable to St. Christine School Extension Program and given directly to the program directress.

**The hours of the After School/Extended Care Program are 2:20-5:30.** The phone for the After School/Extended Care room is **330-259-4175**. Please do not call the school office.

The rates are as follows:

\$5.00 per hour for one child enrolled.

\$6.00 per hour for two children enrolled.

\$7.00 per hour for three children enrolled.

**The fee is due EVERY Friday, or the last day of the week for which the child has attended in the program.**

**PLEASE NOTE THE FOLLOWING:**

**\*\*A fine of \$10.00 is assessed for an overdue balance of more than one week.**

**\*\*No child will be admitted to the program with an overdue balance of more than two weeks.**

**\*\* A fine of \$10.00 is assessed for tardy pick-ups. Program hours are 2:20-5:30.**

**\*\*\*The above fees will be strongly enforced throughout the school year\*\*\*.**

ST. CHRISTINE SCHOOL EXTENSION PROGRAM  
AFTER SCHOOL/ EXTENDED CARE  
"EMERGENCY ADDRESS FORM"

CHILD'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

Date of birth \_\_\_\_\_ Home phone \_\_\_\_\_

CHILD'S Home address \_\_\_\_\_

MOTHER/GUARDIAN FULL NAME \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home address \_\_\_\_\_

FATHER/GUARDIAN FULL NAME \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home address \_\_\_\_\_

ILLNESS, ACCIDENT OR LEAVING PROGRAM PREMISES:

In the event of an apparently serious illness or accident, when I cannot be reached I wish one of the following to be notified by telephone. They are authorized to act in my absence and they may also release my child from the program.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

(OVER)

The following person(s) MAY NOT pick up or call for my child:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

DOCTOR'S NAME AND TELEPHONE

If no one listed cannot be reached, I wish my child to be taken to an Emergency Hospital: YES \_\_\_\_\_ NO \_\_\_\_\_

I wish any one of the following doctors to be notified:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

SPECIAL INSTRUCTIONS – Allergies? Any Chronic Illness?

I HAVE READ ALL THE INFORMATION PERTAINING TO THE AFTER SCHOOL/ EXTENDED CARE PROGRAM AND I AGREE TO ABIDE BY THESE TERMS FOR AS LONG AS MY CHILD(REN) ARE ENROLLED IN THE PROGRAM

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

DATE \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

DATE \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE SCHOOL OR GIVE DIRECTLY TO THE PROGRAM DIRECTRESS AS SOON AS POSSIBLE.

\*\*\*\*YOUR CHILD **MAY NOT** ATTEND THE PROGRAM UNTIL THE EMERGENCY ADDRESS FORM HAS BEEN RETURNED **AND** ANY PREVIOUS FEES ARE PAID\*\*\*\*