St. Patrick's Academy West
Campus 1305 5th Ave South
Great Falls, MT 59405

School phone number: 406.452.0551
Extended Care director phone number: 406.231.6149
Extended Care director email: cbosley@stpatricksacademymt.org

West Campus Extended Care Enrollment Form

Child's Full Name:_____ Sex:_____ Birth Date_____
Address: _____ City:_____ Zip Code:_____
Cellphone (dad): _____ Cellphone (mom): _____
Mother's Name: _____ Occupation: _____
Place of Employment: _____ Business Phone: _____
Father's Name: _____ Occupation:_____
Place of Employment: _____ Business Phone: _____
Email address(s): _____
Allergies: _____
Medical Problems: _____
Something special or unique about your child (likes, talents, etc.):

_____

_____

Problems or difficulties with your child (fears, dislikes, etc.):

_____

_____

Days and hours you expect your child to be in attendance at Extended Care:
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____

People (other than yourselves) authorized to pick up your child from Extended Care.

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

West Campus Extended Care Policies

Extended Care is available to parish and school families during the school year. A calendar is available for reference for school and Extended Care closures.
Please initial each section below.

_____ Extended Care is open Monday through Friday 7:00am - 5:30pm (unless indicated on the school calendar).
_____ For every 15 minutes after closing time, you will be charged $12.00. In case of an emergency or delay, please call 406.231.6149
_____ Your child will not be allowed to leave the facility without written authorization from the responsible parent or guardian. The people listed on your enrollment form will be required to present a picture ID before we will release your child into their custody. By listing the people above, you are giving consent to St. Patrick's Academy West Extended Care to release your child without other authorization. Any people not listed will need to have written authorization before we will release your child to them.
_____ Sick care is not available. It is the parent's responsibility to make substitute arrangements. Families will be provided with the Montana State policies for Health Care Requirements. If your child becomes sick while in our care, or looks/sounds sick, you will be contacted immediately to arrange for pick up. To keep our staff and other children healthy, we will be strict on our sick policy. Children must be symptom free without medicine for 24 hours before returning to Extended Care.

_____ Before a child under the age of five may attend a Montana day care facility, that facility must be provided with documentation from a health care provider, that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, and Haemophilus influenza type B.

_____ Medications will be administered according to the Montana State policies and procedures. The purpose of this is to ensure children are only given medications authorized by parents and physicians. (Signatures will be required for each occurrence).

To administer prescribed medications:

- The medication must be in its original container, with a legible label from the pharmacy indicating the child's name, date, name of medicine, dosage and time, number of days the medication is to be given, and the expiration date of the medication, doctor's/nurse practitioners name, pharmacy name, and telephone number.
- Samples must be accompanied by a doctor's written prescription.
- Medications are to be given only to the child indicated on the label (twins and siblings cannot share)
- A separate authorization is required for each medication and each episode of illness.
- Label constitutes the physician's/nurse practitioner's order
- Parent/guardian is to give as many doses as possible at home.

To administer non-prescription medicine:

- Parents are required to bring these medications from home.
- Medications must be in an original container, with the child's name on the container.
- Must have written authorization from the doctor indicating that this medication is necessary.
- **Extended Care staff has the right to refuse administering medication, in that case the parent will be notified that medication needs to be given by the parent/guardian only.**

_____ **Injury Policy:** If an injury occurs while your child is at the day care facility, depending on the severity, you will be called. If the injury is mild and does not need to be treated by a physician, first aid will be administered by the day care facility and you will be notified of the injury upon pickup of your child. If the injury sustained is severe and requires immediate care by a physician, an ambulance will be called and you will be called immediately. ***By signing the contract, you authorize Extended Care personnel to provide first aid or to refer your child to emergency care in the case of an accident.***

_____ **Discipline:** Discipline will include positive guidance, redirection, and the setting of clear limits that foster the child's ability to become self-disciplined.

_____ **Rates and Payment Schedule:** Extended Care rates for before and after school care are $6.00 per hour for each child in attendance and subject to change at the beginning of each school year. The day rate for daycare, ages 2-4, is $45 a day for those wanting a guaranteed spot. **Extended Care must be notified one week in advance for vacations and upon onset of symptoms or by 7:15 am for sick days, to avoid the day rate fee. Failure to notify staff of absence within these time limits, will result in the full fee for that day.** Drop in spots may be available on a day-to-day basis for $6.00 an hour, but are not guaranteed and are subject to change daily/weekly. We reserve the right to terminate care at any time. Billing will be done on a monthly basis. The balance must be paid every month to continue care. Unauthorized late payments are subject to a late fee and in excessive cases may be sent to collections. If your bill is not paid within one billing cycle, care will be unavailable until the bill is paid in full. Payment will be made using your family's FACTS account. If you need the directions for how to get set up for this service, please see the school office.

_____ **Snacks and Lunch: Daycare only -** Morning snacks will be donated by parents for both our preschool and daycare program. Lunch can either be a cold lunch brought from home or purchased from the school cafeteria for a fee. Lunch charges will be added to your account monthly.
Breakfast items are available before school for $.75 each and after school snacks will be available for purchase for $.75 each. These charges will be added to your account monthly.

_____ **Movies:** G and PG movies that have been screened by Extended Care staff may be shown after school and occasionally during preschool or daycare. We do our best to prescreen any new movies released, but we would love any input from home on "kids" movies that are not appropriate for school.

A typical daily schedule is posted in Extended Care but also available upon request.

Montana State policies and procedures are available upon request.

**It is expected that your child arrives with the necessary items to function for the day and the climate so that they are not excluded from activities and functions that the other children are able to participate in (shoes, coats, appropriate clothing, etc.). Please provide a backup set of clothing and a labeled water bottle to keep at school. Children in diapers will need to have a supply of diapers and wipes for staff to use.

I (we) have been issued a copy of Extended Care Policies. I (we) understand and agree to abide by these policies and procedures as states above. I (we) also understand that from time to time the center's director may implement or change policies as needed. I (we) understand that there will be written notification of such changes. I (we) understand that Extended Care staff, as well as the teachers of St. Patrick's Academy are mandatory reporters.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

I hereby give permission for _____ child care program to transport my child, _____, to an emergency relocation site for staff, teachers, and children when it is unsafe to remain at the child care facility.
I understand that normal safety rules will be followed, as much as possible, but that the highest priority is to relocate to a safe location.

This agreement shall remain in effect until _____ (date). This agreement may be terminated before this date by either party but only with written notification.

Parent/guardian printed name(s):

_____
Home address: _____
Cellphone (dad): _____ Cellphone (mom): _____
Special considerations for emergency transportation:
_____
_____
_____

_____ _____
Parent Signature 1 Date Parent Signature 2 Date

DPHHS CCL 113 Revision
Date: June 2023

Emergency Contact and Consent

This form must accompany staff when children are away from the childcare site

Child's Name (First, Last)	
Date of Birth	

ALLERGY ALERT **Does your child have allergies? ☐ YES ☐ NO If yes, list all allergies in required box.**

Parent or Guardian Contact Information

Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone

Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Required Medical Information

Primary Medical Care Provider	Phone
Health Concerns (Please explain)	
Allergies	

Parent or Guardian Authorization

In an emergency, the child care facility has my permission to provide or obtain emergency medical treatment including transporting child by ambulance or vehicle if necessary. The parent/guardian of the child will be notified as soon as possible.

Parent/Guardian Signature **Date**

(This form must be completed and signed annually)

NON-INGESTIBLE OVER THE COUNTER MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY PARENT

Child's Name_____ Date of Birth ____/____/____

Program Name _____

****

I give permission for the administration of the following non-ingestible over the counter medications (mark all that apply):

- ☐ Diaper Rash Cream/Ointments _____
- ☐ Insect Repellent _____
- ☐ Sunscreen _____
- ☐ Cortisone/Anti-Itch Creams/Ointments _____
- ☐ Medicated Lip Treatments _____
- ☐ OTC Antibiotic Creams/Ointments _____
- ☐ Burn Creams/Sprays _____
- ☐ Other Non-Ingestible OTC's: (Please Specify) _____

_____

_____

To administer a non-ingestible over the counter medication:

- The medication must be brought to the day care facility from the parent;
- The medication must be in its original container, with a legible label, and expiration date of medication;
- The child's name must be on the original container

Special handling/storage Instructions_____ Refrigeration**?** ____

Parent/Guardian Signature (required)_____ Date: ____ / ____ / _____

*** This document must be updated on an annual basis.**

Unused Medication: (check one) Returned to Parent Y☐ N☐ Discarded appropriately Y☐ N☐

By: _____ **Date:** ____ / ____ / _____

***Keep in the child's file when medication is finished.**