E.S.P. Handbook
2026/2027

"Fueling the light of Christ through faith, service and academic excellence."

Welcome to St. Robert School- Extended School Day Program

Dear Parents,

Welcome to our Extended School Program (ESP). This Parent Handbook has been created to provide important information about our program, including policies, procedures, and expectations. We encourage you to review it carefully and keep it as a reference throughout the school year.

Our goal is to provide a safe, engaging, and positive experience for every child. We value open communication and welcome your questions, comments, and suggestions at any time.

After reviewing this handbook, please complete the required forms at the end and return them to the school office at least 24 hours before your child attends the Extended School Program.

In Christ,

Jackie Danaho

Director of Early Childhood Education/
Extended School Day Program

Contact Information

Mrs. Sarah Bushey

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After Hours E.S.P

Phone: 810-487-9605

St. Robert School Office

Phone: 810-659-2503

GENERAL INFORMATION

The St. Robert ESP services children ages 4 through 8th Grade if a child is enrolled at St.Robert School. Our program is designed to provide a safe, healthy, caring and faith-filled atmosphere for the children while promoting educational, literacy, social and emotional growth. The ESP is licensed by the Michigan Department of Human Services. Our licensing book is available during regular business hours for parents to review and contains all licensing inspection reports, special investigation reports and all related corrective action plans.

ENROLLMENT POLICY

St. Robert ESP operates on a non-discriminatory basis affording equal treatment and access to services without regard to race, color, religion, national origin or ancestry.

Pre-registration is necessary. All registration forms, emergency card and physical form (if necessary) must be completed prior to attendance. For elementary school age students, registration forms must be received at least one full day before a student attends. A non-refundable registration fee of $10 will be billed to you via FACTS. Parents are required to keep children's records up to date with changes in phone numbers, addresses, employer, etc.

All students must be "pre-registered" by Sunday night for the week. In order to be sure we are staffed appropriately, able to follow distancing guidelines and allow younger students into the program, we MUST have a count of children a week ahead of time. The new form will be posted on our website for a month ahead of time. Please complete ONE FORM PER STUDENT. No RSVP's will be accepted after Monday by 9:00am for the week. If you RSVP for a day and your child does not attend, there will be a $6.50 fee billed to your account. If your child is sick/not in school on that day, there will be no fee applied. Visit www.strobertschool.com for the RSVP link.

HOURS OF OPERATION

ESP is open daily after school from 2:30 PM to 5:30 PM.

ESP will be closed on half days, holidays and when school is closed due to inclement weather or utility emergencies. The school also uses a direct message line to one primary phone number. If school is closed, ESP will also be closed. If Flushing schools close, St. Robert is also closed.

STAFF

All applicants must be fingerprinted and consent to a background check before employment. No staff will be approved for employment that has been convicted of child abuse or neglect or convicted of a felony involving harm or threatened harm.

STAFFING RATIO

- 4-5 years of age 1 adult to every 12 children
- 5-12 years of age 1 adult to every 18 children

This is in accordance with the State of Michigan Department of Human Services licensing procedure.

ARRIVAL AND DEPARTURE

- When you arrive at the school, please ring the bell to the right of the doors to alert the staff that you have arrived. We will gather your child for you and sign your child out.
- Children will be released only to those persons whose names are listed on the release form. Parents must advise us in writing if another person is to pick up their child. All people picking up children should be prepared to show picture ID at all times. Staff who are not familiar with the parent or designee are required to ask for ID.

SNACKS

Snacks will be provided. Students are welcome to bring their own snack and there will be a designated area to eat. Please note that ESP is a “peanut free zone” due to allergies. Please look at labels and avoid any food that contains trace peanuts, peanut oil, cashews, etc.

PHOTOGRAPHS

Photographs of the children are taken from time to time and may appear in publicity materials. Parent’s permission for photographs is part of the enrollment process at the school and the photo release waiver will count for ESP as well.

CLOTHING AND PERSONAL POSSESSIONS

If your child would like to change after school into clothing that is more comfortable, please send a change of clothing with him/her.

No personal electronics may be used (cell phones, tablets, gaming devices, etc.) If these are brought, they will be confiscated by the supervisor and given directly to the parents at pick up.

MEDICATION

No medication will be dispensed during ESP hours. Please contact the director if there needs to be an accommodation made.

FEES

Tuition rates are subject to review and change. The cost for ESP is $7.00 per hour per child. ESP will close at 5:30 p.m. A late charge of $2.00 per minute will be charged after that time. If you are late picking up your child 3 times, your child(ren) will be excused from the ESP program.

BILLING POLICIES

Hours accrued at ESP will be calculated from Monday through Friday for 2 weeks. You will be billed through FACTS for the hours accrued at ESP on Mondays. Late payments will result in late charges billed via FACTS. Continuous late payments will result in being excused from the program.

You will be billed by the hour. If you pick up your child between 2:45-3:30pm, your charge is $7.00. If you pick up your child from 3:30-4:30 p.m., your charge is $14.00. If you pick up your child from 4:30-5:30 p.m., your charge will be $21.00. Your charge will be one of those 3 amounts every day. Please plan accordingly.

ACCIDENT POLICY

We make every effort to maintain a safe setting for your child, however, if an injury occurs, the staff will perform basic first-aid, for example, cuts washed and bandaged, bumps treated with ice. Emergency Medical Services will be called if a child is in need of emergency treatment. Parents will be notified. If a student receives a bump, blow or jolt to the head, a staff member will contact parents advising of such occurrence.

EXTENDED SCHOOL DAY PROGRAM
REGISTRATION & STUDENT EMERGENCY CARD
2026/2027

Family Last Name:_____

Mother's Name:_____ Cell Phone:_____

Father's Name:_____ Cell Phone:_____

Address:_____ City:_____ Zip:_____

Student Name	Age	Grade	Teacher

I have read and agree to adhere to the listed policies and procedures as outlined in this book. I understand that if I do not adhere to the listed procedures, my child may not attend the Extended School Day Program at St. Robert School.

Parent/ Guardian Signature:_____

Date: _____

CHILD INFORMATION RECORD

State of Michigan

Department of Lifelong Education, Advancement, and Potential – Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a strikethrough, or "N/A" are not acceptable responses.

For Provider Use Only:	Dateof Admission:	Date of Discharge:

Name of Child (Last, First, Middle Initial)	**Child's Date of Birth**
Address (Number and Street, Building/Apartment Number)	**City**
State	**Zip Code**

Parent/Legal Guardian's Name	**Primary Phone**	**2nd Phone (if applicable)**	
Home Address (if not child's address)	**City**	**State**	**Zip Code**
Email Address (optional)	**Employer Name**	**Work Phone**	

Parent/Legal Guardian's Name (optional)	**Primary Phone**	**2nd Phone (if applicable)**	
Home Address (if not child's address)	**City**	**State**	**Zip Code**
Email Address (optional)	**Employer Name**	**Work Phone**	

Name of Child's Physician or Health Clinic	**Physician's or Health Clinic's Phone Number**
Preferred Hospital for Emergency Treatment (optional)	**Allergies, Disabilities and/or Special Instructions? Attach additional sheets if necessary.**

Emergency Contact&Release of Child: List all individuals, including parents/legal guardians, in order of preference, to becontacted in an emergency. If possible,include at least one person other than the parents/legal guardiansto be contacted in an emergencyand to whom the childcanbe released.Thesecond phone number column can be left blank (ifmoreindividuals, attach additional sheets).

1st Individual:		**Phone:**		**2nd Phone:**	
2nd Individual:		**Phone:**		**2nd Phone:**	
3rd Individual:		**Phone:**		**2nd Phone:**	

Release of Child Only: Listallindividuals, other than the parents or legal guardians,towhom the child maybereleasedto (ifmore individuals, attach additional sheets).

1st Individual:		**Phone:**	
2nd Individual:		**Phone:**	
3rd Individual:		**Phone:**	

Parent/Legal Guardian Initials: I, _____(initial here), give permission to _____(child care provider), licensed bytheDepartment ofLifelongEducation, Advancement, and Potential, to secureemergencymedicaltreatment for the above named minor childwhileincare.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian:		**Date:**	

Date Record Reviewed		**Parent / Guardian Initials**		**Date Record Reviewed**		**Parent / Guardian Initials**		**Date Record Reviewed**		**Parent / Guardian Initials**	

Individuals with disabilities may contact the MiLEAP ADA Coordinator to request an alternative format to these materials. Please visit www.Michigan.gov/ADA for a list of state ADA Coordinators.	**MiLEAP is an equal opportunity employer/program.**

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK
Child Care Organizations Act, 1973 Public Act 116
MichiganDepartmentof Licensing andRegulatoryAffairs
Child Care Licensing Bureau

☑ The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare

☐ The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare

I have read the above statement issued by St. Robert Catholic School
Name of Child Care Center

Child(ren)'s Name(s):	

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.

CHILD CUSTODY AND RELEASE POLICY

Only parents/legal guardians and those listed on the emergency card may take a child from the school.

According to licensing regulations, either parent may take the child from school unless there is a court injunction prohibiting one parent from visitation rights. To avoid confusion for staff and parents, please list both parents on the emergency card, either in the parent section or in the Authorized to Release section.

Please understand that, even in the event of family conflicts, the staff cannot keep a child from either parent at the other parents request unless an injunction is on file.

ANYONE PICKING UP CHILDREN WILL BE ASKED TO SHOW IDENTIFICATION

If an emergency arises and it is necessary for a different person to pick up your child, please add that person's name to the Authorized to Release section of the emergency card. A child WILL NOT be released to anyone not listed unless prior arrangements have been made between the parent and the program coordinator. The person picking up the child MUST have identification.

I have read and understand the above information regarding parental custody and release policies for the St. Robert Extended School Day Program

Name(s) of Child(ren)_____

_____

_____

_____

_____

_____I DO NOT have any court injunctions prohibiting anyone from picking up my child.

_____I DO have a court injunction prohibiting someone from picking up my child. This paperwork is on file with the school office and all necessary persons have been notified of this arrangement.

Parent/Guardian Signature:_____Date;_____

No-Touch Sign-In Release

Licensing requires that we obtain a parent/caregiver signature for every student enrolled in Preschool or the ESP, Extended School Day Program, when they arrive to or leave from St. Robert School

For the 2026/2027 school year, I grant permission for the teacher/supervisor to sign my child in/out as my child arrives at school, leaves school, or leaves ESP, due to no touch sign in at St. Robert School.

Student Name:_____

Grade:_____

Parent Name:_____

Parent Signature:_____