

SS. Peter and Paul School

Before and After



Program

2019 - 2020

Parent Handbook & Enrollment Forms

SS. Peter and Paul Families Only

416 N. First St

Cary, IL 60013

847-639-3041

Before and After Care, extension 264

peterpaulschoolcary.org

St. Peter and Paul School

Mission Statement

SS. Peter and Paul School exists in the Kingdom of God to help students reach their highest potential as Catholic Christians. We accomplish this by the following goals:

- ◆ Encouraging students to model their lives after our Savior, Jesus Christ.
- ◆ Fostering a sensitivity of the needs of our local and worldwide communities.
- ◆ Spreading the Gospel message through words and actions.
- ◆ Continuing the tradition of excellence in Catholic education.

Reviewed Spring of 2013

Philosophy

The Before and After Care Program exists to provide an environment where each child is supervised by responsible adults during the before and after school hours. The program is a caring, safe, and supportive program that exists for the personal growth and well-being of each child. These programs are well rounded to provide children with social, emotional, and recreational activities that are self-directed, group-directed and staff-directed.

Goals

- ◆ To help each child reach his or her fullest potential in social growth, physical well-being and mental development
- ◆ To support and strengthen children and families through a safe, caring, and fun environment
- ◆ To role model positive attitudes, Christ-like actions, and to teach leadership
- ◆ To have fun and memorable experiences every day

PROGRAM DATES

The Before and After Care Program is held at school every day that school is in session from August to June. The exceptions are as follows:

- ◆ If school is cancelled there is no Before or After Care

PROGRAM HOURS

The Before Care Program runs from 6:30 am to 7:30 am.

The After Care Program runs from school dismissal until 6:00 pm.

If you are going to be late, a phone call to 847-639-3014, ext. 264 needs to be made. When children are not picked up by 6:00 pm, there will be a charge of \$25.00 for each occurrence. If your child is picked up late for a total of 3 times in a month, your child will be removed from the program. Repeated late pick up during the course of the year may result in removal from the program also. The official time is taken from the school clock.

FEES AND COSTS

There is a \$25 non-refundable registration fee per family, per school year, that is due at the time of enrollment. Program rates for the 2019-2020 school year can be found on page 7. Program rates are calculated on the number of school days then divided into 9 monthly payments due September 1st through May 1st. Fees must be paid in full on the first of each month. Billing is generated a month in advance. A late fee of \$25 will be applied to your next invoice if payment was not received by the due date, unless arrangements are made with the principal PRIOR to the due date. Payments may be made by Auto withdrawal (see form at the back of this packet), online with a debit/credit card through SchoolSpeak, in person, sent to school via your child, or by mail. Please mark any checks with AFTER CARE in the memo section to ensure proper application to your account.

ADMISSION AND ENROLLMENT

The deadline to register for school year 2019-2020 is August 1, 2019.

The Program admits children entering Pre-K through 8th grade.

For enrollment please complete the following forms from the back of this packet:

1. Enrollment form
2. Medical Authorization-if this form does not apply to your situation, please write "Does Not Apply" across the form and sign your name and date it
3. Complete the Emergency Contact Form. This is in addition to any filled out for the regular school day.
4. One or both parents and child/ren enrolled must sign the Acceptance of the Terms and Guidelines of SSPP Before and Aftercare Program and the Agreement to comply with them

Submit all of the forms with the registration fee of \$25 before the deadline. Enrollment is not complete without any part of this process completed.

ADMINISTRATION

There is a Program Coordinator (the Principal) who oversees the entire operation, two Care Coordinators (Mrs. Donna Auman, and Mrs. Kathy Kuske) who is responsible for the actual running of the program and a staff person in the school office who handles invoicing and assists in keeping all the information current.

UPDATING INFORMATION

Be sure we can reach you especially if there would be an emergency. Updating of all information, such as a change of address , telephone (home, cell, or work), family situations, custody agreements, and any additions or removals of individuals from the pick up forms is the responsibility of the parent. In divorce or separation cases, it is the **responsibility of the enrolling** parent to update and/or complete the enrollment forms. **All changes must be made in writing and in triplicate.** (The three copies are for the 1-office, 2 -care coordinator and 3-your child's teacher).

CHANGE IN SERVICE

Any increase or decrease in schedule should be requested at least one week in advance in writing and must be approved by the Program Coordinator.

WITHDRAWALS / TERMINATION

In the event of withdrawal other than for emergency situations, parents must submit a withdrawal letter to the Care Coordinator or to the staff person in the office two weeks prior to withdrawing. If the school is not informed, the parent is still responsible for the payment.

ARRIVAL AND DEPARTURE

There are NO exceptions to the sign in/out procedures. They are as follows:

1. All children must be signed in to the Before Care Program and signed out of the After Care Program by their parent or other authorized adult.
2. Children may not sign themselves in or out of the program.
3. Children may not be signed in or out of the program by individuals that are not on the authorized pick-up and drop-off form. Anyone picking up a child who is unfamiliar to a staff member will be asked to show identification before the child can be released.
4. If the need arises for someone else to pick up or drop off your child other than the individuals on your Authorized Pick-up and Drop-off Form, parents will need to notify the Care Coordinator in writing with a signed note or in an emergency situation, with a phone call.
5. If a child is not properly signed in, the parents will be contacted. If a child is not properly signed out, they will be reported to the police as lost or missing and the parents will be notified.
6. No staff member is authorized to accept your child into the school before our operating hour of 6:30 am.

These procedures are for the safety of your child, so please keep the staff informed of any changes.

HEALTH

Please take time in the morning to check your child for the following symptoms: fever, diarrhea, rashes, vomiting, and any signs of communicable diseases. If any of these symptoms are present, please do NOT send your child to the program or school. If a child develops any of the above mentioned symptoms while at the Before or After Care Program, parents will be notified and requested to pick up the child. A notice shall be posted if any child comes down with a

communicable disease. Any child who is attending the Program will be considered well enough to participate in all outdoor activities. A written doctor's excuse will be needed if any exception is to be made.

NUTRITION AND SNACKS

Children are encouraged to eat a well-balanced breakfast prior to arriving at before care or they may bring a nutritious sack breakfast (that does not need to be cooked / heated or require any help with preparation). Breakfast is not provided by the school.

The school will provide a nutritious snack shortly after arrival to Aftercare. Snack time is an opportunity for the children and staff to sit and relax together, share experiences of the day and to plan activities. If your child is especially hungry after school, or stays late, you may wish to send an extra snack with them. **AFTERCARE IS A NUT FREE ZONE.** If you choose to send an additional snack, it **MUST** be nut free. On days of early dismissal, it will be necessary to send a cold lunch including a drink, any necessary utensils and napkin with your child. The same rules apply to lunch as to the snacks. They must be **NUT FREE.**

CLOTHING

You may wish to send an extra set of labeled clothing with your child. They will be allowed the opportunity to change out of their uniforms. Be sure the clothing you send, as well their uniform, is labeled. Small children often do not recognize their own clothing and the uniforms all look alike! Children should wear comfortable "play" clothing that is easy to put on and take off. Rubber soled encased shoes are also another useful item. When the children go outdoors it is necessary for them to have an appropriate jacket and hat. During the fall and spring months, we ask that you provide sunscreen and insect repellent, if necessary, for your child/children.

MEDICATION

Medication will only be given when a "Medication Authorization Form" is on file and signed by a doctor. All medication must be in the original container and must be labeled with the child's name, doctor's name, name of drug, dosage required, and the time that it is to be administered. Children may not carry any medication for self-administration except as required by a doctor's order.

ABSENTEEISM

It is imperative that parents notify Before and After Care Staff if their child will not be attending the Program. Please send a written note ahead of time, or if it's an emergency, call the school secretary with a message to be placed in their mailbox. If a note is given to the student's teacher, it must state: Please forward to Before/After Care Program.

EMERGENCY PROCEDURES

Evacuation (Fire), Shelter in Place (Tornado) Code Orange (Injury) 1. In case of an emergency, children will practice Fire and Tornado drills following school procedures. 2. The code word for an emergency at Before/After Care Program is Code Orange. This is only used in an emergency such as trauma to a limb or head, serious fall, heart attack, etc. If an emergency would arise, the children would hear staff yell Code Orange. At this point the children would sit down and be quiet where they are until instructed by staff to move to another area.

BEHAVIORAL EXPECTATION AND CONSEQUENCES

Staff and students are expected to interact in a manner congruent with the philosophy of St. Peter and Paul School. It is expected that students develop self-esteem, creativity, and have fun.

Because of the indoor setting and types of activities offered, children are expected to behave in a manner that does not:

1. Decrease the enjoyment of the other children
2. Cause harm to themselves, other children or staff

Behavior that is not tolerated in school Includes but is not limited to:

1. Swearing or fighting
2. Hitting, kicking, spitting, or otherwise hurting children or staff
3. Being disrespectful to other children or to the program staff
4. Destruction of school equipment or personal property
5. Possession of knives or weapons of any kind; this will result in immediate suspension from the program

Consequences that are utilized

1. Warnings, redirection if possible
2. Time out with a counseling session with a group aid
3. Time out with a counseling session with the care coordinator
4. Phone call to the parents and/or conference with the parents, care coordinator and child ☐☐ Probation, suspension or termination from the program depending on the extent of the situation

DISCIPLINE

Discipline is designed to help each child develop self control and to assume responsibility for their own actions. We take a positive approach to discipline by letting children know what they can or cannot do and by redirecting them to a different activity. A time out will be used only when the child loses complete control.

REMOVAL FROM THE PROGRAM

The School reserves the right to remove a child from the program in situations where parents do not adhere to Before and After Care Program policies. These include but are not limited to:

1. Behavior issues
2. Delinquent payment of fees
3. Picking up the child late
4. Failure to provide or update medical emergency contact information

A family may be given two weeks notice in order to allow them time to find alternate care in some situations. If the cause for termination is serious, immediate termination may result.

It is the responsibility of the parent to inform the program coordinator, in writing, of their child's withdrawal from the program. If notification is not made, the parent will still be responsible for payment.

Before & Aftercare Program Monthly Rates 2019 - 2020

SERVICE	1 CHILD	2 CHILDREN	3 CHILDREN
5 DAYS AM	\$164	\$275	\$386
5 DAYS PM	\$204	\$356	\$507
5 DAYS AM & PM	\$319	\$587	\$855
4 DAYS AM	\$156	\$262	\$369
4 DAYS PM	\$193	\$335	\$476
4 DAYS AM & PM	\$300	\$550	\$800
3 DAYS AM	\$138	\$229	\$320
3 DAYS PM	\$172	\$299	\$425
3 DAYS AM & PM	\$261	\$476	\$690
2 DAYS AM	\$103	\$177	\$249
2 DAYS PM	\$125	\$222	\$317
1 DAY AM	\$64	\$97	\$132
1 DAY PM	\$75	\$120	\$165

SS. Peter & Paul School
Before and After Care Program 2019-2020 Enrollment Form

Date _____

I wish to enroll my child/children:

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Please circle the services you are requesting:

BEFORE CARE AFTERCARE BOTH

Please circle the days of the week you are requesting:

Monday Tuesday Wednesday Thursday Friday

Arrival/Departure Information

My child/ren will arrive for the Before Care Program at approximately _____ A.M.

My child/ren will be dropped off by: _____ or _____

My child/ren will be picked up from the from the AfterCare Program approximately _____ P.M.

My child/ren will be picked up by: _____ or _____

Please list any activities that will regularly affect your child's/children's attendance in the program. Example: after school activities such as Scouts, drama, sports or other programs will make them late

Activity _____ Days _____ Time _____

Activity _____ Days _____ Time _____

Activity _____ Days _____ Time _____

Other than listed above the following persons are authorized to drop off or pick up my child/ren.

NAME: _____ Relationship: _____ Phone: _____

\$25.00 Registration Fee Paid Check # _____

2019 / 2020 Before and After Care Program Medication Authorization Form

Type of Medication: _____

Directions: _____

Time of Dosage: _____

Side Effects: _____

in addition to this form the following 2 Authorization to Administer Medication Forms must be completed by both the parent and doctor.

I hereby give my consent to SS. Peter and Paul Before and After Care Program staff to administer medication to my child _____
(print child's name)

Parent Signature: _____

Date: _____

Please list any allergies, medical or special health concerns that we should be aware of for each child:

Child: _____

Concern:

Child: _____

Concern:

Child: _____

Concern:

Student Emergency Information Form For Before and After Care Program

In the event of an illness or emergency, please list in order who we should notify:

Name _____ Relationship _____

Phone numbers (Home) _____

(Work) _____

(Cell) _____

Name _____ Relationship _____

Phone numbers (Home) _____

(Work) _____

(Cell) _____

Name _____ Relationship _____

Phone numbers (Home) _____

(Work) _____

(Cell) _____

Acceptance of Terms and Guidelines of the Before and AfterCare Program

I (We) accept the terms and guidelines of the SSPP Before and After Care Program and I (We) agree to comply with all of them. We have reviewed the rules with our children.

_____ Date _____

Signature of Person Responsible for Payment of the Account

_____ Date _____

Signature of Parent/ Guardian

Signature of Student (Grade 3 and Above) _____ Date: _____

Signature of Student (Grade 3 and Above) _____ Date: _____

Signature of Student (Grade 3 and Above) _____ Date: _____

Signature of Student (Grade 3 and Above) _____ Date: _____

2019-2020

SS. Peter and Paul Catholic School

**Form for Automatic Withdrawal from Checking Account for
Before/After Care Program**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Amount to be deducted: \$_____ (September 1st to May 1st)

Name of Financial Institution _____

Account Number _____

(A voided check must be attached)

By my signature below, I am authorizing SSPP Catholic School to deduct the above amount on the frequency stated from my checking account. If I elect to discontinue the automatic withdrawal program, I will notify the school in writing. I understand that all withdrawals will be made on the 1st of the month or the nearest business day.

Authorizing Signature: _____

Date: _____