

ST. JOHN THE BAPTIST CATHOLIC SCHOOL
EXTENDED DAY CARE HANDBOOK



EXTENDED DAY CARE PROGRAM PHILOSOPHY

The program provides professional care, supervision and recreational activities. It services working families who desire both parochial school education and supplementary care in a Christian environment. The program is available to all SJB Parish Pre-K to 8th grade students. The Extended Day Care (EDC) program is an independently run program staffed and directed by certified teachers of St. John the Baptist Catholic School (SJB). If you ever need to reach the teacher in charge during EDC hours, please call 630-668-2625 ext. 626#

PROGRAM SCHEDULE

The EDC program runs from 3:00-5:30 p.m. and follows the SJB school calendar. EDC is offered following full days of school only. EDC will not meet on the days school is not in session or on days with an early dismissal. Students must be registered by parent/guardian to participate in the program.

Children will do their assigned homework so they may have their evenings free to share with their family. Encourage your child to use this time to his/her advantage. Teachers will be available to assist with homework as needed. Weather permitting, we may spend time outdoors.

TOYS AND VALUABLES FROM HOME

Children should not bring toys or valuables from home. If there is ever a time your child would be bringing a toy or valuable from home, it must be left in his/her backpack during EDC. **NO ELECTRONIC DEVICES ARE ALLOWED.**

DISCIPLINE

The discipline policy, as listed in the St. John the Baptist Catholic School parent/student handbook, will be followed. Children in the program will be expected to show respect for each other, the staff, and materials. Children must never leave the grounds without explicit permission of the staff.

ILLNESS OR ACCIDENT

First aid will be administered by EDC staff in cases that appear to be of a minor nature. Medication will not be administered to the child unless a written statement from both a physician and parent/guardian is on file with the program director. The written statement must include the name of the medication, the method of administration, the amount, and a time schedule for the medication to be administered.

FIRE/TORNANDO/SNOW

The EDC staff follow the procedures for tornado and safety of St. John the Baptist Catholic School. Several school drills are schedules throughout the year. The Extended Care Program will not be is session on snow days and early dismissal days due to heavy snow or other extreme weather conditions.

PROGRAM FEES AND PAYMENTS

Parent enrolling their child/ren in the EDC program must complete registration forms prior to using the program. There is an annual \$30.00 family registration fee assessed to the first bill. The first payment will be due September 25th and the 25th of each month thereafter. A \$5.00 late fee will be assessed after the 25th. Report cards will be held for any unpaid balances at the end of each trimester.

The official program hours begin at 3:00 p.m. The time in for each child is 3:00 p.m. Time cards are issued for each child. The teacher will “punch out” the time card as you leave.

Each month is considered a billing period. Each child’s time card will be submitted to the Parish Financial office at the close of the month. Fees will be calculated using the following rate schedule for each day your child/ren uses the program.

Per child per day fee schedule

Pick up time between	3:00-3:15	\$6.50
	3:16-3:30	\$8.00
	3:31-3:45	\$9.50
	3:46-4:00	\$11.00
	4:01-4:15	\$12.50
	4:16-4:30	\$14.00
	4:31-4:45	\$15.50
	4:46-5:00	\$17.00
	5:01-5:15	\$18.50
	5:15-5:30	\$20.00

After hour pick up results in an additional charge of \$1.00 per minute per child.

There are two payment options available: (1) Automatic Debit Withdrawal is required for those paying from checking or savings accounts. A voided check and withdrawal form must be on file with the Financial Office (2) Automatic Credit Card Payment. A photocopy of a credit card and withdrawal form will need to be on file with the Financial Office. A \$100.00 annual fee will be assessed to cover processing fees for this option. A monthly statement will be emailed to each family listing dates, times and fees for services rendered.

PICK UP PROCEDURES

Parents enter the building through the ramp door #9 at the back of the school. Children will only be released to persons indicated on the Medical/Emergency form unless WRITTEN authorization is given. Identification may be requested. Children must be picked up by 5:30 p.m. children picked up after hours will be charged \$1.00 per minute per child.

ST. JOHN THE BAPTIST CATHOLIC PARISH
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

_____ **NEW REQUEST**

_____ **CHANGE**

I (We) hereby authorize St. John the Baptist Catholic Parish to initiate debit entries to (select one): my(our)_____checking account my(our)_____savings account indicated below at the depository financial institution name below, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law

FINANCIAL INSTITUTION _____

CITY _____ **STATE** _____ **ZIP** _____

ROUTING NUMBER _____ **ACCOUNT NUMBER** _____

(PLEASE ATTACH A COPY OF A VOIDED CHECK)

DEBIT AMOUNT _____

(MAY BE LEFT BLANK)

STARTING ON: _____

(DATE MUST BE PROVIDED)

DEBITS ARE FOR: EXTENDED DAY CARE PROGRAM

(Debit for EDC occurs on 25th of Month)

NAME: _____

NAME: _____

SIGNATURE: _____

SIGNATURE: _____

NOTE: All written debit authorizations must provide that the receiver may revoke the authorization by notifying the originator in writing.

ST. JOHN THE BAPTIST CATHOLIC PARISH
AUTHORIZATION AGREEMENT FOR CREDIT CARD PAYMENTS

_____ **NEW REQUEST**

_____ **CHANGE**

I (We) hereby authorize St. John the Baptist Catholic Parish to debit my credit card for the following amount:

AMOUNT _____ (May be left blank)

METHOD OF PAYMENT: \$100.00 ANNUAL FEE FOR CREDIT CARD OPTION

VISA

MASTERCARD

DISCOVER

CHARGES ARE FOR: EXTENDED DAY CARE PROGRAM
(Debit for EDC occurs on 25th of Month)

Account Number

Exp. Date

PRINT NAME AS PRINTED ON CARD

Signature

Date

**EXTENDED DAY CARE
MEDICAL FORM
MEDICAL AND OTHER CONCERNS**

Does your child have any allergies Yes _____ No _____

If so, please list:

Is your child allergic to bee stings?

Yes _____ No _____ Never Been Stung _____

Asthma, chronic or recurrent illness or disorders, special handicaps, serious injury/surgery?

Yes _____ No _____ Explain: _____

Does your child take medication for any of the above conditions? Yes _____ No _____

Name of medication: _____

Are there any special provisions or medical restrictions for your child? Yes: _____ No: _____

Explain: _____

What procedures should be followed if your child has a problem related to his/her medical condition during the program's hours?

Explain: _____

Are there any custodial concerns regarding this child? Yes _____ No _____

Explain: _____

Please provide any further information which you believe will be helpful to staff in understanding and caring for your child _____
