

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 8<sup>th</sup> 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 follows the SJB school calendar and is offered from 7:00-7:30 AM and 3:00-5:30 PM. EDC AM is offered all days of school and EDC PM 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.

In the morning, the children will sit quietly and may read a book. In the afternoons, 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**

In the morning, the program begins at 7:00 and concludes at 7:30 AM for a fee of \$5.00 per morning. Temperatures will be taken upon arrival. Students will be released to their classrooms following social distancing guidelines. 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 25<sup>th</sup> and the 25<sup>th</sup> of each month thereafter. A \$5.00 late fee will be assessed after the 25<sup>th</sup>. 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.

### **DROP OFF AND PICK UP PROCEDURES**

Parents using Extended Care will enter and exit the building through the ramp door (#9) at the back of the school. All registration paperwork must be completed for children to attend Extended Care. 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 25<sup>th</sup> 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 25<sup>th</sup> of Month)

\_\_\_\_\_  
**Account Number**

\_\_\_\_\_  
**Exp. Date**

\_\_\_\_\_  
**PRINT NAME AS PRINTED ON CARD**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**EXTENDED DAY CARE  
EMERGENCY FORM**

Child's Name: \_\_\_\_\_  
  (Last)  (First)  (M.I.)

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian with whom child lives: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Three emergency numbers to contact if parents cannot be reached:

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

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

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

Students will not be allowed in the program without two emergency numbers residing in the immediate area.

Person approved to sign child in/out

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

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

I have read and agree to the terms and conditions of the St. John the Baptist Catholic School Extended Day Care Handbook.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Does your child have any allergies Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list:

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

Explain: \_\_\_\_\_

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Are there any custodial concerns regarding this child? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

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

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