St. Joseph Elementary and Preschool After School Care

St. Joseph After School Care is a program operated by the Parish of St. Joseph for any student attending St. Joseph Elementary School or Preschool. The program is located in the school cafeteria and operates Monday through Friday from 3:00 p.m. to 6:00 p.m. for elementary students and 2:40 p.m. to 6 p.m. for Preschool students.

All children attending the After School Care Program must have an enrollment form on file before they may attend the program.

Our Goals

The goal of the After School Program is to provide a safe and nurturing environment for students. In addition, we will strive to implement these additional goals:

- To support and strengthen the family with Christian values
- Increase a child's ability to work and play with others
- Create an atmosphere which fosters love and understanding child to child and child to adult
- Create a healthy environment both physically and nutritionally
- To foster a child's exposure to ethnic and cultural diversity
- To conduct the program in accordance with the principles and policies of St. Joseph School

Admission Policy/Registration

Admission into the After School Program will be for students currently registered in St. Joseph Elementary School, those students entering school in the fall, and to Preschool students. Registration will occur during the month of February and throughout the school year. In the event the capacity of 60 children is reached, there will be a wait list based on a first come basis. Registration will be considered complete when the following items are returned:

- Student enrollment form
- Registration fee of \$25 per family
- Medical insurance information and medical facility preference form (on back of enrollment form)
- Legal documents regarding divorce/custody arrangements (in the case of custodianship)

All forms and documents are kept in strict confidence and will not be shared with other parties.

Payments

Services will be billed in advance on a monthly basis. The total monthly payment will be automatically withdrawn on the $10^{\rm th}$ of the month from the same bank account as your school tuition unless other arrangements are made with the Parish Administrator.

Staff

Staff for the After School Program will consist of a Program Director and sufficient support staff to maintain a ratio of 1 adult for every 16 elementary children and 1 adult for every 8 preschool children. All employees will be at least 18 years old and complete all necessary screenings as mandated by the Archdiocese of St. Louis. There will always be 2 adults present at any time with the children. The Program Director will develop and provide a daily schedule of activities for the children. Group leaders will aid the Director in implementing these activities.

Daily Schedule

The After School Program will begin at 2:55 for elementary children and 2:40 for preschool children. Elementary children will be dismissed from their classroom and proceed to the cafeteria to check in for the day. Preschool children will be brought to the cafeteria by preschool staff. When all children have checked in for the day, the daily schedule is as follows:

- 3:00 3:30 After checking in, the children will be dismissed to use the restroom and wash their hands. They will return to the cafeteria for an afternoon snack
- 3:30 4:00 Homework or quiet reading time Preschool will have centers
- 4:00 5:00 Outdoor playtime as weather permits
- 5:00 6:00 Free time for Center Activities. The centers will include areas such as art ,science, games, creative play

Communication Station

There will be a designated Parent Table within the program area. On this table will be the sign-in and sign-out sheets for the children. There will also be a parent communication board where you will receive periodic information regarding any changes to the program venue, monthly calendar of events and a parent log for you to leave written changes to your child's attendance or pick-up procedure.

Pick Up Procedures

All children must be signed out of the After School Program every day they attend. A parent or authorized adult with a valid form of ID must sign their name and time of pick up on the sign-in/out sheet. Only people authorized by the parent or legal guardian, as designated by the child's enrollment form, will be allowed to remove a child from the program. A picture ID will be required from anyone picking up your child. Any changes to the authorized pick-up list must be submitted in writing. Please enter through the South Parish Center doors and proceed to the cafeteria.

Late Fees

The After School Program ends at 6:00 p.m. A late fee of \$1 per minute will be charged for anyone picking up their child after 6:00 p.m. Fees must be paid at the time of pick up. Frequent late pick-ups may result in termination of services for your child(ren) from the program. The following procedures will be followed when your child is not picked up by 6:15:

- Attempts will be made to contact parent(s) based on the information provided on the enrollment form
- Emergency contacts will be called based on the information on the enrollment form
- After 6:30, if no one has been reached from the enrollment form, the police will be notified to assist in locating parent(s)

Discipline

In keeping with the policies of St. Joseph School, the After School Program will follow discipline procedures that will allow us to aid children in the development of responsible behavior. We hope to create an atmosphere that encourages a child's self-esteem, problem solving abilities, and conflict resolution of positive nature. All children make mistakes and our responsibility as adults is to help a child correct these mistakes. Some of the ways in which we will aid the child in correcting his/her mistakes are as follows:

- Provide a well- structured and supervised environment
- Redirect inappropriate behavior and offer choices
- Encourage the child's participation in the problem solving effort
- Encourage positive group discussions when needed
- Build a child's self-esteem by assigning special tasks and responsibilities

Inappropriate behavior and resulting consequences are as follows:

Verbal or Written Warnings

Unacceptable language Disregard for authority

Leaving area without permission

Destruction of property

Disregard for another's property

Suspension or Expulsion

Physical altercation

Stealing

3 or more written warnings

Inappropriate behavior for all children will be documented in his/her file or in the program's discipline log. Parent(s) will be notified of all documentation at the time of occurrence. Repeated occurrences of inappropriate behavior may result in the suspension and/or expulsion of the child from the program. The following procedures will be followed in determining a suspension or expulsion:

- 1. A verbal warning will be given to a child and documented in his/her file. Parent(s) will be notified.
- 2. A written warning will be issued to a child. A parent will sign and return the warning.
- 3. After a child has been issued 3 written warnings, a parent conference will be called. This conference will involve the parent(s), the Program Director, plus any of the following members of the parish: school principal, parish administrator, and parish pastor. This meeting will determine whether a child may continue to attend the After School Program.

Absences

If your child(ren) will not be attending the After School Program due to illness or other obligations, please call the After School Program to report the absence. *Please <u>DO NOT</u> leave this message with the school secretary*. If your child fails to check in at 3:00 and we have not been notified of his/her absence, we will call a parent or guardian to verify the absence. Please keep in mind we will not have access to the school office for a child's record or reports of absences from school. The phone number for the program is 636-391-7659. No credit or refund is given for absences or unexpected changes in your child(ren)'s schedule.

Health and Medical Issues

In addition to the health policies in the St. Joseph Elementary School Parent and Student Handbook, we will also implement the following guidelines:

- The After School Program Staff will administer only prescription medication. Permission to administer medication must be completed by the parent(s) and on file at the site or in the school nurse's office.
- All prescription medication must be in the original container with a pharmacy label on it. This label must include the physician's name and phone number.
- For medications that are used only as needed, (such as asthma inhalers or epi-pens) detailed instructions on the administration of the medication from the physician must be included with the medication.
- Parents will be notified when a child has a temperature of 100 degrees or higher and the child may not return to the program until he/she is fever free for 24 hours.
- In the event of a medical emergency, parent(s) will be notified. If a parent cannot be reached and medical
 attention is necessary, the child will be transported to the medical facility as noted on the enrollment form.

After School Care Fees

Upon completion of the enrollment form, please return the form plus any necessary additional documentation to the school office or the After School Program. There will be a non-refundable registration fee of \$25 per family.

Fees are based on a regular weekly schedule (example: every M,W,F or M-F, etc.). We are also able to accommodate varying schedules as long as a calendar of days needed is supplied one month in advance. Changes to your schedule require a 24 hour notice and must be submitted in writing.

There is no After School Care Program offered during Christmas Break, Spring/Easter Break, holidays when there is no school or on Noon Dismissal Days.

All dates for After Care *must* be planned in advance. In order to ensure we have enough staff on hand for the number of children attending we cannot accept children without advance notice. An additional fee of \$5 per child per day may be assessed in the event a child does need to attend without advance notice.

Fees: \$13 first child per day

\$10 each additional child per day

_ \$25 Registration ree	_ \$25	Registration	Fee	
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After School Care Enrollment Form

Child's Name:			Grade (f	fall of 18):	M F Bi	rthdate: _	
Child's Name:			Grade (f	fall of 18):	M F Bi	irthdate: _	_//_
Child's Name:			Grade (f	fall of 18):	M F Bi	rthdate:	_//_
Child(ren)'s Address:				Home T	elephone #	:	
City:		Zip (Code:				
Child(ren) lives with:	both parents:	mother:	fathe	r:			
Mother's Name:							
Address (if different fr	rom child)				40		
Home Phone #:		Work Phone	#:		- ;		
Cell Phone #:							
Employed by:				Work Hours: F	rom	to	
Business Address:							
Father's Name:							
Address (if different fr	rom child):						
Home Phone #:		Work Phone	#:				
Cell Phone #:							
Employed by:				Work Hours: F	rom	to	
							_
My child(ren) will be a	ttending the After Schoo	l Care Progran	n on the fo	ollowing days (pl	ease circle a	ll that apply	y):
М Т	w	Th	F				
Persons authorized to	Pick-up Child(ren)						

My child has permission	to arrive late or leave earl	y for the following activities:	
Name of activity	Name of o	ontact person	Day(s)/Time of arrival/dismissa
Contact person for the a provided by Parent(s).	bove activity must sign ch	ild in/out of the program and I	must be on the Authorization List
Emergency Contacts			
Name of contact	Relationship	Address of contact	Phone # of contact
In case of an emergency	and someone other than	those listed above will be pick	ing up your child, please call the
Program Director. Your	child(ren) CANNOT be rele	ased to anyone without parer	ntal permission.
All individuals nicking un	a child from our program	must have a picture ID before	a child will be released
in marriadas piening ap	a dima nom our program	mast nave a protate is serore	a dima wiii be releasea.
I have read and agree to	the pick-up policy as state	d above and as described in the	he parent guide.
Parent(s) signature:			Date:
Permission to Obta	in Medical Attentio	n	
	•		de to contact me. In the event I, or my are Program to obtain medical attention
	the hospital listed below	,	are risonani to obtain medicar attende
Physician Name:		Address:	Phone#:
Hospital Name:		Address:	Phone #:
Insurance company:	Gı	oup #:	Policy #:
Parent(s) signature:			Date: