

OUR LADY OF MT. CARMEL SCHOOL



EXTENDED CARE HANDBOOK 2016-2017

Dear Parents,

Welcome to the 2016-2017 OLMC Extended Care Program as we begin our 28th year! We are looking forward to serving you and your family throughout the school year.

Please take time to read this handbook, fill out the attached application, and return it to the school office or extended care with the registration fee as soon as possible.

If you have any questions or concerns, please feel free to contact me at the school, 942-4484 or my cell 925-7789.

Thank You,

Linda Hagler

Linda Hagler
Extended Care Coordinator

GENERAL INFORMATION

OLMC Extended Care program is located in the lower gym. It is available before school from 7:00 a.m. to 7:45 a.m. At this time school children are dismissed to go to the gym, Pre-K will stay in Extended Care until 8:10 a.m.

Any student arriving at school before 7:45 a.m. must go to Extended Care and be signed in. A simple breakfast is available until 7:30 a.m.

Extended Care opens at the dismissal of school in the afternoons and is open until 5:30 p.m. All students not picked up within ten minutes of dismissal are required to go to Extended Care.

REGISTRATION FEE: There is a yearly registration fee of \$25.00 for one child and \$35.00 for two or more children.

AFTER SCHOOL SIGN OUT

Parent/guardian may assist the child/children in collecting any personal belongings and sign them out by recording the time you are leaving and initialing in the space provided. Parent/guardian needs to notify the staff that you are leaving with your child/children.

Children are not allowed to sign themselves out!

CLOSING TIME:

Extended Care closes at 5:30 p.m. **Failure to pick up your child/children by 5:30 will result in a \$1.00 per minute fee which will be added to your monthly bill.** Habitual late pick up can result in dismissal or your child/children from the program.

AUTHORIZATION FOR PICKUP

We must have a written and signed notice in advance if someone will be picking up your child/children who are not listed on the application. The note should contain the date and name of the person who will be picking up the child/children.

Any person that the staff does not recognize will be required to show a picture ID before staff will release the child/children and we will compare their name to the names on your application. This is for the safety of your child/children.

A “drop-in” program is offered only when space is available. Call the school office school office and leave a message when needing this program. The program coordinator will return your call as soon as possible.

PLEASE NOTE

***** Phones are to be in backpacks at all times.**

***** Students may bring appropriate play clothes to change into.**

***** ELECTRONICS OR TOYS MAY NOT be brought to Extended Care.**

***** If your child purposely throws or kicks Extended Care balls on the roof of the buildings you will be expected to replace them.**

***** Candy is not allowed at any time during Extended Care hours.**

DISCIPLINE:

Extended Care follows the same policy of discipline as stated in the OLMC School Handbook.

SERVICES & FEES:

- | | |
|---|--------|
| 1. Before school & after school (7-7:45 & 3-5:30) | \$7.00 |
| 2. Before school & one hour or less after school | \$6.00 |
| 3. After school only (3 p.m.) with pick up after 4 p.m. | \$5.00 |
| 4. After school only (3 p.m.) with pick up by 4 p.m. | \$3.00 |
| 5. Before school only | \$3.00 |
| 6. Early dismissals will be a hourly rate of <u>\$3.00 per hour per child</u> | |

Families with more than one child that are attending the program will receive a discount for options 1, 2, & 3. The fee for the second child will be reduced by \$1.00, the fee for the third child will be reduced by \$2.00 and the fee for the fourth child will be reduced by \$3.00.

PAYMENT: Monthly bills will be sent home with your child, payment is expected shortly thereafter. Checks are to be made out to OLMC Extended Care or OLMC-EC (**please do not include Extended Care payments with lunch money or other school fees**). Checks may be given to the classroom teachers, the school office or Extended Care. Payment for children that are “drop-in” are expected the day the child/ children attends. All balances are to be paid in full at the close of the school year.

Please be prompt with your payments. Extended Care relies on it , we are in no way subsidized by the school and receives no funding from any other source. Snacks, supplies, salaries, and other needs depend on your payment.

PAST DUE:

If for any reason your Extended Care account falls behind more than one month, your child/children may not be allowed to attend Extended Care. All past due fees must be paid in full **before registering your child into this year’s program.**

OLMC Extended Care Program Registration Agreement

2016-2017

1. I understand that I am committing myself to participation in the OLMC Extended Care Program for the duration of the school year unless unforeseen events make withdrawal necessary.
2. I understand that I am responsible for payment of contracted fees. Checks are to be made payable to OLMC Extended Care and given to the staff, teacher or the school office.
3. If my child/children are having problems in the program, a conference will be arranged between myself and the OLMC Extended Care Coordinator to discuss the concern.
4. The OLMC Extended Care Program reserves the right to terminate child care services if it is determined that placement is unsatisfactory.
5. I have read and agree to all the policies, fees and procedures outlined in the handbook.

Please return all forms to the classroom teacher, school office or Extended Care.

Child/children name: _____

Signature: _____

Date: _____

**OLMC EXTENDED CARE PROGRAM APPLICATION
2016-2017**

Name(s) of child/children:

1. _____
2. _____
3. _____
4. _____

Date of Birth of child/children:

Grade in fall of 2016:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Home Address:

City _____ State _____ Zip _____

Home Phone: _____

Parent/Guardian with whom the child resides:

Mom/Guardian cell phone: _____

Dad/Guardian cell phone: _____

Mother's Employment:

Phone:

Father's Employment:

Phone:

Family Status: Married Separated Divorced Single Deceased

Child's Name: _____

Child's Doctor's Name: _____

Office Phone: _____

Emergency Number: _____

Medical Conditions (allergies or chronic illnesses):

Person to be notified in case of an emergency when parents / guardians are unavailable:

Name: _____

Phone # _____

Relationship to the Child: _____

Persons authorized to call or pick up my child/children:

Name:

Phone:

_____	_____
_____	_____
_____	_____
_____	_____

Attendance Information: (Please circle all that apply)

Monday Tuesday Wednesday Thursday Friday Drop-in

Please share with us any information that would be useful in providing for your child/children's needs:

