



Kidz Club Extended Day Care

Hours of Operation:

Monday, Tuesday, Wednesday & Friday ~ 3:00 P.M. to 6:00 P.M. (Sharp)

Thursday ~ 2:00 P.M. to 6:00 P.M. (Sharp)

When school is in session

Admissions Policy

Students currently enrolled in TK-8th at St. Rita School are eligible to participate in the St. Rita School Kidz Club Extended Day Care Program. This program is an extension of the school day.

Registration Fee (Per Family)	\$50.00
One Child	\$300.00
Two Children	\$400.00
Three Children	\$450.00

Drop-In-Rate:

\$20.00 Per Day (Regular Session)

\$25.00 Per Day (Thursdays-2:00 Dismissal)

\$30.00 Per Day (12:20 Dismissal Days)

Monthly Rates For Kidz Club

Monthly payments due the 5th of every month added to your F.A.C.T.S. account.

Drop-In Fees will be billed at the end of the month and are due by the 5th the following month.

Late Pick-Up Fee \$20 will be charged every 10 minutes after 6:00 P.M.

Program Components

Kidz Club includes organized, age-appropriate activities that are socially, mentally and emotionally developmental for the students. The program includes opportunities for homework, quiet time, conversation with peers, indoor-outdoor games, projects and arts and craft activities. A healthy snack is provided daily.

Health and Safety

It is imperative that a current and complete form with emergency information is kept on file for every child enrolled in Kidz Club. Parents are expected to inform Kidz Club and the school personnel of any changes in home / work address, telephone, email or emergency numbers.

Sign in – Sign Out procedures

All students must be signed out by a parent/guardian or authorized adult (18 years of age or older) indicated on the child's Kidz Club Student Release Authorization **No Exceptions. Phone call/messages to release children are not permitted.** In an **emergency** situation, a parent may give temporary permission for a child to be picked-up by someone other than the person on the release form **in writing** to Kidz Club.

Should a serious accident occur, parents/guardians or emergency contacts will be contacted. If these prove unavailable, the child's physician, or, if necessary, paramedics will be called. Until the arrival of the parent/guardian or medical professionals, the Kidz Club Directors and the Principal will assume responsibility for all decisions regarding the care of the injured child.

Insurance

Archdiocesan Elementary School accident insurance covers pupils during Kidz Club hours.

Expectations

Extended Day Care is a privilege, not a right. Since the Kidz Club Program is an extension of the regular school day, the same expectations for behavior and cooperation are expected. The Principal will dismiss families who consistently violate the policies and procedures of The Kidz Club from the program.

Parent responsibilities include:

- Completion of all Kidz Club Program forms
- Student Release Authorization, Medical Release, Family Agreement
- Support for program policies and procedures
- Meeting all financial obligations in a timely manner

Student responsibilities include:

Discipline guidelines, including rules and consequences, according to our parent student handbook.

- Respect for all staff, and students
- Use of appropriate language and voice level
- No Cell Phone or electronic devices allowed
- Participation in all Kidz Club program activities
- Keeping the Kidz Club room clean and neat
- Consideration for others – sharing, taking turns, etc.
- Asking permission of staff for restroom use
- Remaining inside the Kidz Club areas and staying with the group.



Kidz Club Extended Day Care Family Agreement

Family Name (please print): _____

Child's Name (please print): _____

Date of Birth: _____ Age: _____ Grade: _____

Child's Name (please print): _____

Date of Birth: _____ Age: _____ Grade: _____

Child's Name (please print): _____

Date of Birth: _____ Age: _____ Grade: _____

Parent/Guardian Name (please print): _____

Address: _____

Home Telephone: _____ Cell Number: _____ Work Telephone: _____

email _____

Parent/Guardian Name (please print): _____

Address: _____

Home Telephone: _____ Cell Number: _____ Work Telephone: _____

email _____

- ∞ We understand that we are entering into a contract with St. Rita School Kidz Club to provide Extended Day Care services for a fee for our child(ren).
- ∞ We agree to pay \$ _____ per month/week/hour according to the payment schedule outlined in the Kidz Club Packet.
- ∞ We agree to pay any additional fees for late payment or late pick-up as described in the Kidz Club Packet.
- ∞ We understand that the principal may permanently terminate a family's participation in the Kidz Club Program if payments are in arrears, if student conduct warrants this decision, if there are consistent violations of the policies and procedures outlined in the St. Rita School Parent and Student Handbook.
- ∞ We understand that we need to complete all information and forms deemed necessary by Kidz Club for the safety and well being of the children.
- ∞ We understand that the Kidz Club Program is the extension of the St. Rita School day and have directed our child(ren) to adhere to all school policies and regulations. We further understand that breaches of these rules will be cause for disciplinary action, whose implementation we will support.
- ∞ We understand that students must be signed in/out of Kidz Club, and that the students will only be released to adults authorized on the Student Release Authorization Form.

We have received and reviewed the St. Rita School Kidz Club Extended Day Care packet and agree to the follow the policies and procedures outlined in it. We have discussed pertinent sections with our child(ren) and will cooperate with all support the implementation of the Kidz Club program as described in the packet.

Signature of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Signature of Child: _____

Signature of Child: _____

Signature of Child: _____

Signature of Child: _____



Kidz Club Emergency Information and Student Release Authorization

Family Name (please print): _____

Child's Name (please print): _____

Date of Birth: _____ Age: _____ Grade: _____

Child's Name (please print): _____

Date of Birth: _____ Age: _____ Grade: _____

Child's Name (please print): _____

Date of Birth: _____ Age: _____ Grade: _____

Parent/Guardian Name (please print): _____

Place of Employment: _____

Home Telephone: _____ Cell Number: _____ Work Telephone: _____

email _____

Parent/Guardian Name (please print): _____

Place of Employment: _____

Home Telephone: _____ Cell Number: _____ Work Telephone: _____

email _____

Emergency phone numbers are required in the event that parents cannot be reached

I authorize Kidz Club Extended Day Care program Staff to release my above named child(ren) to the adults listed below in the event that I am unable to pick him/her up on a given day.

I understand that any of these adults will be required to show proper identification, and that, at the time of sign out, Kidz Club Staff relinquishes all responsibility for my child.

I understand that my child will only be released to persons listed on this emergency authorization form.

At least TWO names and phone numbers must be listed (additional space is available on the back):

Name (please print): _____ Telephone Number: _____

Relationship: _____

Name (please print): _____ Telephone Number: _____

Relationship: _____

Name (please print): _____ Telephone Number: _____

Relationship: _____

Signature of Parent/Guardian: _____

Date: _____



Kidz Club Extended Day Care Medical Release Form

Family Name (please print): _____

Child's Name (please print): _____

Date of Birth: _____ Age: _____ Grade: _____

As the parent/legal guardian, I give Kidz Club, the school extended day care program consent to provide for my child all emergency medical or dental care prescribed by a duly licensed physician (M.D.) or dentist (D.S.). This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child.

Physician or Dentist to be called in an emergency:

Doctor's Name (please print): _____

Address: _____ Telephone: _____

Doctor's Name (please print): _____

Address: _____ Telephone: _____

Dentist's Name (please print): _____

Address: _____ Telephone: _____

Medical Plan / Insurance Name: _____ Policy Number: _____

The above named child has the following medical conditions / allergies:

The above name child takes the following medications regularly:

Parent/Guardian Name (please print): _____

Address: _____

Home Telephone: _____ Cell Number: _____ Work Telephone: _____

email _____

Parent/Guardian Signature: _____ Date: _____