



## **Kids 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-8<sup>th</sup> at St. Rita School are eligible to participate in the St. Rita School Kids Club Extended Day Care Program. This program is an extension of the school day.

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

### **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 Kids Club**

Monthly payments due the 5<sup>th</sup> 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 5<sup>th</sup> the following month.

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

### **Program Components**

Kids 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, walking trips, 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 Kids Club. Parents are expected to inform Kids 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 Kids 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 or email to** Kids Club. [patino@st-ritaschool.org](mailto:patino@st-ritaschool.org) and must show a photo ID.

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 Kids 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 Kids Club hours.

## **Expectations**

Extended Day Care is a privilege, not a right. Since the Kids 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 Kids Club from the program.

### **Parent responsibilities include:**

- Completion of all Kids 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 Kids Club program activities
- Keeping the Kids Club room clean and neat
- Consideration for others – sharing, taking turns, etc.
- Asking permission of staff for restroom use
- Remaining inside the Kids Club areas and staying with the group.



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## Kids 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 Kids 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 Kids Club Packet.
- We agree to pay any additional fees for late payment or late pick-up as described in the Kids Club Packet.
- We understand that the principal may permanently terminate a family's participation in the Kids 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 Kids Club for the safety and well being of the children.
- We understand that the Kids 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, who's implementation we will support.
- We understand that students must be signed in/out of Kids 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 Kids 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 Kids 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: \_\_\_\_\_



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## Kids 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 Kids 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, Kids 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: \_\_\_\_\_



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## Kids 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 Kids 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: \_\_\_\_\_



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**Field Trip Permission Form for Kids CLUB**  
**St. Rita Elementary School**  
**2018-2019**

=====

\_\_\_\_\_  
Student name Please Print grade

\_\_\_\_\_  
Student name Please Print grade

\_\_\_\_\_  
Student name Please Print grade

To participate in various school field trips and neighborhood walking trips during the 2018-2019 school year.

I agree to direct my child/children to cooperate with directions and instructions of the supervisory personnel in charge of the field trip. Should it be necessary for my child to have medical treatment while participating in this trip, I hereby give St. Rita School personnel permission to use their judgment in obtaining medical service for the child. I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

I understand that any insurance benefits that are effective have limited applications.

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Cell phone number

\_\_\_\_\_  
Work phone number

\_\_\_\_\_  
Home phone number

\_\_\_\_\_  
Date