

St. Isidore Catholic School
Extended Care Program



"Creating a pathway to higher learning with Jesus at
the center."

St. Isidore Catholic School Motto:

Creating a pathway to higher learning with Jesus at the center.

Enrollment and Admission

All children attending St. Isidore Catholic School are eligible to enroll in the Extended Care Program. To order enroll your child(ren), a registration packet must be filled out and a registration fee of \$35 per family must be paid yearly. These forms are available in the school office during regular school office hours.

St. Isidore Catholic School's Extended Care Program follows all the guidelines outlined in the Parent Handbook.

Registration

There is a yearly non-refundable registration fee of \$35 per family. Please be sure to fill out the entire registration packet and update the information when necessary, with the school office. The following forms are required:

- Extended Care Agreement Form
- Consent and Permission Releases
- Handbook Acceptance Form

Registration for the current year will not be processed until all account balances are current. Final payments for the school year must be received by the June 15th to be enrolled for the upcoming year.

Location

Before and After Care is held in the Lower Level Chapel (LLC). After care will go outside to the playground, weather permitting and during the winter may be go to the Ministry Center for some play time. If students will not be in the LLC, a sign will be posted at the entrance doors, door 3W, stating where Extended Care is and where to go to pick up your child.

Morning Care:

\$5 per child

After School Extended Care:

\$18 per first child per day (if picked up before 3:30 pm charge will be \$9)

\$12 per second child per day (if picked up before 3:30 pm charge will be \$6)

\$5 per third child per day (if picked up before 3:30 pm charge will be \$2.50)

No additional charges for more than 3 children.

A late fee of \$20 will be assessed for every 15 minutes after 6:00 pm.

For all accounts that are 4 weeks delinquent a \$10 fee will be assessed.

For all NSF checks a \$25 fee will be assessed.

Payment

Extended Care billing will be billed through FACTS every two weeks. All payments need to be made through FACTS.

All Extended Care billing must be kept current for your child(ren) to attend. If an account becomes seriously delinquent, your child(ren) may be removed from the program until the account becomes current.

If a hardship does occur, please call the office and we will work out a payment plan.

Phone Number

The phone number to reach extended care is 630-295-8339 after school hours. If the students are outside, they will not be able to answer the phone. Unfortunately, this extension does not accept messages. If an emergency arises and you cannot reach anyone in the Extended Care program or the school office at 630-529-9323, please e-mail Dawn Arms at darms@sicatholic.org or call the parish office at 630-529-3045.

Attendance

No child(ren) will be allowed into the Extended Care program unless they have a registration packet on file. We use this for emergency purposes. It is not mandatory for students to attend every day. Parents are only billed for time the child(ren) are in the program. Students who participate in school sponsored activities after school are eligible to attend and will be charged for the time that they use the program.

If your child needs to attend Extended Care and is not normally there or will not attend on a usual day, please call the office or e-mail their teachers to inform them of the change by 2:30 pm so that your child will be directed to the proper location. The office will do their best to relay the change of plans to the teachers but sometimes emergencies happen, and the message is not relayed to the teacher. If your child is supposed to go outside due to the change of plans and is not there, he/she will be in the extended care line. You will not be charged. If your child should go to Extended Care and goes outside, your child will be brought into the building by the teacher who is supervising outside and will be directed to the Extended Care program. Know that either way, your child is always being supervised. Thank you in advance for your understanding.

Fees

Fees for the use of the Extended Care Program are as follows:
\$35 non-refundable registration fee per family

Only those listed on your registration packet will be allowed to take your child(ren) from the program. If you must change the adult picking up, a note must be sent to the office authorizing them for pick up. We understand emergencies occur and this is not always possible. We will need you to call the office and give them the name of the adult picking your child up. The supervisor will be asking for proof of identification for those who they do not recognize as an authorized person.

Daily Activities

Snack: Parents are required to supply a snack for their child(ren) for every day they are in the program. We cannot store snacks so they must be brought in daily. Children can also have a water bottle.

Homework and Quiet Time: Time is set aside for students to work on their homework. For those with no homework, we require the other students to do quiet activities. The supervisors are there to help with questions regarding homework, however daily one on one tutoring is not available. If you do not wish us to help with homework, please let the office know. Your child will be asked to do quiet activities during homework time. We do not go to outdoor recess until everyone has completed or almost completed their homework.

Group Activities: The students will be participating in group activities which include crafts, outdoor recess, and group games. Occasionally, a movie will be shown. This usually is during the winter when outdoor recess is unavailable.

Free Time: After being in school for 6 hours, it is important to allow the children time for free choice. We have games, crafts, puzzles, books, and toys for the children to choose from.

Technology: Students can use their school laptops in Extended Care. The supervisor has the right to ask the student to shut down their computer for using sites not authorized by the school. Students will not be allowed to

Hours of Service

Before Care begins at 6:45 am and ends at 7:45 am. At 7:45 am your child(ren) will be brought up from the Lower Level Chapel and directed to their classroom.

After Care begins at 2:50 pm and ends at 6:00 pm.

Morning Drop Off

Students can be dropped off anytime between 6:45 am and 7:40 am. Parents are to park in the parking lot west of the Chapel. It is the last parking lot on Army Trail Road before turning onto Gary Avenue. Parents and students are to enter door 3W by ringing the bell. The morning supervisor will come up to let you in and have you sign in your child.

After School Pick Up

When the dismissal bell rings at 2:50 pm, students who are enrolled in the Extended Care Program will be directed to the Lower Level Chapel to be signed into the program.

Parents are to pick up students by parking in the parking lot west of the Chapel. It is the last one before turning onto Gary Avenue. Enter door number 3W by ringing the bell. One of the supervisors will be up to answer the bell and you will be brought down to the Lower Level Chapel to sign out your child(ren).

If your child is to attend an afterschool activity, the supervisor will walk your child to the event and will sign your child out once a coach or adult in charge takes over the responsibility of your child. Please be sure to send a note so that the supervisors know when the child is to leave to go to their activity. If your child is going directly to their activity after school and is to come to Extended Care after the activity, please write a note so that the supervisor knows to pick them up.

St. Isidore Catholic School
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Registration Packet



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text or call from their personal phone unless the supervisor gives permission. If a student is caught calling or texting, the phone will be taken from the student and given to the parent upon pick up.

Code of Conduct

All students will follow the Code of Conduct outlined in the St. Isidore Catholic School Parent Handbook.

Absent and Illness

If you are calling in your child for an illness and they attend Extended Care, please advise the office so that they can inform the supervisor of your child's absence.

If your child is sick while attending Before or After Care, a supervisor will call the numbers you have supplied on the registration form. Please make sure that the numbers are updated as necessary.

If your child suffers an injury, the supervisor will be treating the injury. This includes applying band-aides, ice packs or washing the injury. Parents/guardians will be informed of the injury upon picking their child up. In cases of serious injury, a parent will be notified immediately and what medical attention is required.

For additional information or concerns, call the school office.

Thank you for selecting St. Isidore Catholic School Extended Care Program for you child(ren).

Extended Care Agreement

St. Isidore Catholic School
431 West Army Trail Road
Bloomingdale, IL 60108

1. Child's Name: _____

Birthday: _____ Grade: _____

2. Child's Name: _____

Birthday: _____ Grade: _____

3. Child's Name: _____

Birthday: _____ Grade: _____

4. Child's Name: _____

Birthday: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Handbook Acceptance Form

I have received and read the Extended Care Handbook and will abide by the rules stated in the handbook.

I understand that the Extended Care supervisors will not be allowed to transport my child(ren) outside of the school grounds.

My child(ren) will only be released to those adults listed on the registration packet unless otherwise directed by me.

In case of an emergency, parents will be notified immediately and 911 called.

We will not leave our child(ren) in the morning until we sign them in with the supervisor.

Technology brought in by my child(ren) are not the responsibility of St. Isidore Catholic School and misuse of the technology will result in privileges taken away from the child(ren).

Parent Name (Please print)

Parent Signature

Date

My child(ren) will be attending:

Morning Care _____ After Care _____ Both _____

Medical and Health Information

In case of an accident or serious illness, I request the Morning and After Care Program supervisor to call me. If the supervisor is unable to reach me, I authorize them to call the physician listed below and to follow the instructions given by the physician. If it is impossible to reach the physician, the supervisor may make whatever arrangements seem necessary including calling 911 and basic first aid.

Physician Name: _____

Phone Number: _____

1. Child's Name: _____

Does your child wear glasses or contacts? Yes No

Does your child have any allergies? Yes No
If yes, please list the allergies: _____

Does your child use any of the following for treatment of allergies?

Oral Medication Inhaler EpiPen Other

Please list: _____

Please list any medication that should be on file in the school office along with written orders for the administration of this medication:

2. Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Person(s) Authorized to Pick Up Child (ren):

1. Name: _____

Relationship to child(ren): _____ Phone: _____

2. Name: _____

Relationship to child(ren): _____ Phone: _____

3. Name: _____

Relationship to child(ren): _____ Phone: _____

4. Name: _____

Relationship to child(ren): _____ Phone: _____

Only the people listed above will have authorization to pick up the child(ren).

Restraining Order in Force? No Yes

If yes, who is the order on? _____

A copy of the restraining order must be on file in the school office.

Please list any medication that should be on file in the school office along with written orders for the administration of this medication:

4. Child's Name: _____

Does your child wear glasses or contacts? Yes No

Does your child have any allergies? Yes No

If yes, please list the allergies: _____

Does your child use any of the following for treatment of allergies?

Oral Medication Inhaler EpiPen Other

Please list: _____

Please list any medication that should be on file in the school office along with written orders for the administration of this medication:

I hereby give permission to St Isidore Catholic School and the Extended Care Program Supervisor to release all the above health information to any medical personnel rendering emergency medical aid or treatment to my child(ren).

Parent Name (please print): _____

Parent Signature: _____

Date: _____

2. Child's Name: _____

Does your child wear glasses or contacts? Yes No

Does your child have any allergies? Yes No

If yes, please list the allergies: _____

Does your child use any of the following for treatment of allergies?

Oral Medication Inhaler EpiPen Other

Please list: _____

Please list any medication that should be on file in the school office along with written orders for the administration of this medication:

3. Child's Name: _____

Does your child wear glasses or contacts? Yes No

Does your child have any allergies? Yes No

If yes, please list the allergies: _____

Does your child use any of the following for treatment of allergies?

Oral Medication Inhaler EpiPen Other

Please list: _____

Child's Health Statement

I, the understand parent/guardian, understand that at St. Isidore Catholic School Extended Care Program, physical activity is a regular part of the program. To the best of my knowledge, my child(ren) are in excellent physical health and needs no restrictions (except for what is listed on the Extended Care Agreement Form) from strenuous physical activity. If I have any questions regarding my child's health, I understand that it is my responsibility to seek professional medical advice and to inform the St. Isidore Catholic School and Extended Care Program of any restrictions on my child's restrictions. A doctor's note with the restrictions is required.

Initials

Photographic Release

I hereby give the St. Isidore Catholic School Extended Care Program to take, copyright, use and publish any photographs or video of the child(ren) of the above-named family for the sole purpose of advertising, promotion, or other purpose consistent with the policy written in the St. Isidore Catholic School Parent Handbook.

Initials

Code of Conduct

I, as the parent/guardian of the above family child(ren), will abide by the code of conduct found in the St. Isidore Catholic School Handbook.

Initials

Consent and Permission Release For Extended Care Program

Family Name: _____

Permission for walking excursions and the use of the playground equipment

I hereby give consent to the St. Isidore Catholic School Extended Care Program and its employees to take the child(ren) from the above named family on walking excursions around the St. Isidore Parish campus, as well as to play appropriately on the St. Isidore Catholic School playground equipment with the understanding that such events are under supervision of authorized personnel of the St. Isidore Catholic School Extended Care Program and that all precautions are taken to insure the health and safety of my child(ren).

Initials

Consent for Emergency Medical Treatment

As the parent or legal guardian, I hereby give consent to the St. Isidore Catholic School Extended Care Program and its employees to obtain all emergency medical and dental care prescribed by a duly licensed physician (MD) or dentist (DDS) for the family names above child(ren). This care may be given under whatever conditions are necessary to preserve the life, limbs, or the well-being of the child(ren) of the above.

Initials

I have read and agree to the above information.

Printed Parent/Guardian Name: _____

Signature of Parent/Guardian: _____

Date: _____

