SAINT PETER CATHOLIC SCHOOL

ST. PETER CATHOLIC SCHOOL MISSION:

We build a Catholic culture where families and children can grow spiritually, academically, and in service of neighbor to prepare for the Kingdom of Heaven.

Extended Day Program

Before & After School Care

Dear Parents,

Thank you for choosing St. Peter Extended Day program. Extended Day exists for the purpose of providing a safe and healthy environment for our students before and after school hours. Students are supervised and activities are provided during the hours your child is here.

Program Policies and Information (Read and Save for Reference)

- All Students must be registered and have all forms turned in before attending. A checklist is included at the end of this letter.
- Registered students may not bring guests.
- When your child is ill or not attending please e-mail me and I will forward the information to your child's Extended Day teacher.
- Emergency number to reach Extended Day: Janice Anderson 303-551-5104 (Extended Day coordinator)
- No electronic devices are allowed: iPad, iPod, gaming devices, or cell phones. Any electronic devices need to stay in backpacks. If a device comes out the teacher will hold and return to parents at pick up. Games or toys from home should be kept in student backpacks. We have ample items for children to play with.
- All payment is done through FACTS, the same financial service which collects our tuition. Tuition is withdrawn each month whether your child/children are in attendance or not. Print out the **Payment Summary Sheet** for your convenience. It shows what withdrawals are being made and when. Tuition-related questions can be sent to brenda-shields@cdolinc.net
- A tax statement is sent in January for the calendar year (last half of last year and first half of this school year).
- Students are expected to follow school rules and behave in a respectful manner to teachers and other students in the Extended Day program.

In advance, I appreciate your participation and cooperation as we prepare for the new school year.

Sincerely,

Mrs. Janice Anderson
Extended Day Coordinator
janice-anderson@cdolinc.net

What you need to know

Morning Extended Day	Afternoon Extended Day
Morning Extended Day is offered on all school days. It is not offered on snow days, holy days, or non-school days. There is Morning Extended Day on the first full day of school and the last day of school. Morning Extended Day care begins at 7:00 a.m. Children should enter through the designated front door and proceed to their assigned classroom. Please DO NOT drop off your child any earlier than 7:00. There is NO supervision before 7:00 a.m. There is an optional registration for **SHORT MORNING** – which is for students who need supervision between 7:35-7:55. This is provided as a convenience to parents that don't need full morning care but need to drop off children before supervision in the courtyard. We do not provide snack in the morning and there is no snack fee for Morning Extended Day.	Afternoon Extended Day is offered on every regular school day (3:20 dismissal) and 1:00 dismissal Fridays. There is no Extended day on 12:00 dismissal days, snow days, holy days, 1:00 dismissal Parent-Teacher Conference days, the last day of school or other non-school days. The Afternoon program begins on the first FULL DAY of school. A small daily snack and milk will be offered every afternoon. A one-time snack fee is taken out in August (or the first month of your child's attendance). If you register mid-year, the snack fee will be pro-rated. **Pick up procedure** – When you arrive to pick up your child you will need to buzz the office to enter the building. Please proceed to the office and the person at the desk help will call for your child. Sometimes the children are outside on the playground. Each group is assigned a color. If that color is on the front school door, go ahead and drive to the new playground without having to come into the building. When picking up outside, please check in with your child's teacher before leaving All children must be picked up by 6:00 p.m. If you are late please be prepared to pay $10 late fee to the teacher who is staying late with your child.

Registration Checklist

The following need to be completed in order to be registered for the St. Peter Catholic School Extended Day Program.

Print and Return the following pages

- ☐ **Registration Form** Completed (PRINT & RETURN)
- ☐ **$25 Registration fee** per family (cash or check written to St. Peter School)
- ☐ **DHHS Children's Record Form** Completed (PRINT & RETURN)
- ☐ **DHHS Parent Information Brochure** *<u>New families only</u> Complete bottom portion (PRINT & RETURN)

***The FACTS Payment Summary** is for your own information. (KEEP for yourself)

FACTS Payment Summary

- Withdrawals are on the 20th of the month.
- First payment will be in August.
- There will be 10 monthly payments, August thru May.
- First and last month are ½ monthly tuition. (See summary chart below.)
- There is a one-time $120 snack fee per child added to the first month's payment for afternoon attendees only.
- If your child is registered in Preschool or PreK, Extended Day tuition is ½ price.

Month	Tuition Payment Amount
August	**Half** Month Tuition + **Snack fee** (per child, p.m. only)
September	Full Month Tuition
October	Full Month Tuition
November	Full Month Tuition
December	Full Month Tuition
January	Full Month Tuition
February	Full Month Tuition
March	Full Month Tuition
April	Full Month Tuition
May	**Half** Month Tuition

If you have any questions about payments, please contact Brenda-Shields@cdolinc.net

*This page is for your information purposes only. It does not need to be returned to school.

Registration

St. Peter Catholic School Extended Day Program is a child care program that we offer to families before and/or after school. The morning group finishes up homework, plays games, or visits with friends. The afternoon is structured for homework, quiet time, playtime (outside or the gym) and library as needed. Snack and milk are offered each afternoon.

Below are Extended Day sessions and tuition. All tuition for Extended Day is e-tuition and is deducted each month whether your child/children is in attendance or not. Enrollment in our program is limited. If you do not receive a spot, you can be put on a waiting list and if a space doesn't become available your registration fee will be returned.

Extended Day Tuition

Check all the sessions you need and circle number of children in each session.

Tuition listed is Per Month. Refer to the FACTS Payment Summary for a schedule of payments.
*If your child is registered in Preschool or PreK, Extended Day tuition is ½ price.

☐	Short Morning 7:35-7:55	1 child $30	2 children $35	3+ children $40
☐	Morning Session ONLY 7:00-7:55	1 child $135	2 children $200	3+ children $235
☐	Afternoon EARLY PICK UP by 4:00	1 child $230	2 children $370	3+ children $460
☐	AM Session + PM EARLY PICK UP	1 Child $310	2 children $460	3+ children $570
☐	Afternoon ONLY Pick up 4:00-6:00	1 child $340	2 children $530	3+ children $660
☐	Morning and Afternoon Session	1 child $420	2 children $600	3+ children $720
☐	Part Time Afternoon	1 day: 25% of FT total 3 days: 65% of FT total	2 days: 45% of FT total 4 days: 85% of FT total	

**We would be glad to assist with calculation of fees if that is helpful.*

Parent First & Last Name _____

List children who will be attending Extended Day

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Snack Fee

There is a one-time $120 snack fee per child withdrawn in August or the first month of attendance for those in the afternoon sessions (this includes snack and milk daily). It will be pro-rated for part time attendance.

Return these to the school office:

Registration form (this page)
DHHS Children's Record form
$25 Registration Fee (cash or check written to St. Peter School)
DHHS Parent Information Brochure (new families only)

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health - Licensure Unit - Children's Services Licensing Program

Children's Record

PARENTS: PLEASE FILL IN ALL BLANKS

Child(ren)'s Name:_____ Birthdate(s): _____

Enrollment Date:_____ Updates:_____ Date Care Ceased: _____

Parent or Guardian's Home Address and Employment Address:

FATHER (or Guardian):

Name: _____ Employer:_____

Address:_____ Address:_____

City: _____ Phone: _____ City: _____ Phone:_____

MOTHER (or Guardian):

Name: _____ Employer:_____

Address:_____ Address:_____

City: _____ Phone: _____ City: _____ Phone:_____

Person(s) to Whom the Child(ren) may be Released by the Caregiver: (If no one, please write "none")

Name: _____ Name: _____

Address:_____ Address:_____

City: _____ Phone: _____ City: _____ Phone:_____

Name: _____ Name: _____

Address:_____ Address:_____

City: _____ Phone: _____ City: _____ Phone:_____

Person(s) Who Will Take Responsibility for the Child(ren) in an Emergency When the Parent (or Guardian) Cannot be Reached: (ONE NAME MUST BE GIVEN)

Name: _____ Name: _____

Address:_____ Address:_____

City: _____ Phone: _____ City: _____ Phone:_____

Name: _____ Name: _____

Address:_____ Address:_____

City: _____ Phone: _____ City: _____ Phone:_____

Consent to Contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to _____
Caregiver

to contact Doctor _____ _____
Name of Physician Phone

_____ and, if necessary, take my child(ren) to the
Address City

following doctor(s), clinics, or hospital _____

_____ _____
Signature of Parent/Guardian Date

MEDICATION COMPETENCY STATEMENT

I,_____have determined
Parent /Guardian Name

that_____is/are competent to give or apply medication to my child(ren).
Provider/Director/Staff Name(s)

_____ _____
Signature of Parent/Guardian Date

CHILD'S MEDICAL INFORMATION

Current health status or any health problems caregiver should know: _____

Medication, if any: _____

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction. Please give clear instructions in the event of an exposure of the factor: _____

Special Concerns: (Glasses, Hearing Aid, Crutches)_____

Any activities child(ren) should NOT engage in: _____

Company providing health and/or accident insurance coverage: (Optional) _____

I certify that the above information is correct to the best of my knowledge.

_____ _____
Signature of Parent/Guardian Date

New families only: Please fill out bottom portion and return to school.

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health

Parent Information Brochure For Licensed Child Care

Nebraska Child Care Licensing Website:
http://dhhs.ne.gov/licensure/pages/Child-Care-Licensing.aspx

Expectations of Child Care Consumers

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Contact Child Care Licensing with any questions or concerns you may have.
Email: DHHS.ChildCareLicensing@nebraska.gov
Phone: 800-600-1289 OR 402-471-6564
Mail: Nebraska Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986

Sign, date and return to your Child Care provider before your child(ren) begin care.
Your Child Care Provider must retain this receipt for onsite review.

Child Care Program Name: _____

Enrolled Child(ren)' Names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____