#### St. Dunstan Catholic School

# **Extended Day Care Program (EDC)**

1150 Magnolia Avenue Millbrae, CA 94030 (650) 697-2231

# PARENT INFORMATION SHEET

**LOCATION:** Parish Center

**ELIGILIBILITY:** This program is open to any child enrolled in St. Dunstan Catholic School. However, parents must enroll

their child individually with the EDC by filling out the Registration Form.

PROGRAM HOURS: The EDC is open from 7:30 a.m. to 8:00 a.m. and from dismissal until 6:00 p.m., Monday through Friday,

except the minimum days preceding Parish Festival, Thanksgiving, Christmas, Easter, and summer vacation. EDC is closed on holidays and during vacation periods. EDC will be closed on the first and last day of school, Halloween, and the end of the year picnic. Extended Care is not available for kindergarteners after their graduation as they are dismissed right after the ceremony. STUDENTS ON SCHOOL GROUNDS BEFORE 7:45 a.m. OR 15 MINUTES AFTER DISMISSAL WILL BE SENT TO EXTENDED CARE. Families will be billed for services. Failure to pick up your child at 6:00 p.m. will result in a \$2.00 charge each minute after 6:00 p.m. per child. This charge is due immediately to staff member on

duty. Please call and leave messages at (650) 697-2231 or (650) 697-8119.

#### **EXTENDED CARE FEES:**

| Registration Fee (per family) due on August 1, 2019  | \$60.00                            |  |  |  |
|--|------------------------------------|--|--|--|
| More than 10 hours per month (per child)   | \$5.00 per hour                    |  |  |  |
| 10 hours or less per month (per child)   | \$6.00 per hour (1/2 hour minimum) |  |  |  |
| Late pick up Fee, after 6:00 p.m. ( per child)   | \$ 2.00 per MINUTE                 |  |  |  |
| (*Fee is due immediately to extended Care Staff member on duty. Continuous late pickups may result in your child/ren being |                                    |  |  |  |
| removed from Extended Care.)   |                                    |  |  |  |
| Late Payment Fee (per family)  | \$ 25.00                           |  |  |  |
| (*Fee is charged for payments received after the 15 <sup>th</sup> of the month)  |                                    |  |  |  |

Return check fee of \$30.00 will be charged for any returned checks and further EDC payments must be paid by cashiers check or money order. Fees will be billed on an "as used" basis. Fees will be calculated at the close of every month, and bills for EDC service will be distributed by the 5th of the following month. Fees are considered delinquent if not paid by the 15th of the month. Families who are habitually delinquent with payments may be asked to withdraw from EDC. Families will be held responsible for attorney fees and collection of costs as necessary for collection of any amount not received when due.

#### **EXTENDED CARE STAFF:**

Director: Mrs. Mary Anne Anderegg

Aides: Ms. Michelle Liao

#### PARENT INFORMATION SHEET

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#### **DISCIPLINE**

Children are expected to follow the basic rules of the school, outlined in this Handbook. All rules and regulations for discipline are in effect for the EDC, and students will be held accountable for them. In addition, the EDC also has a few guidelines for which the students are responsible:

- Courtesy and order will be maintained during study/game/snack time, and students clean up after themselves
- Stage area and piano are off-limits at all times
- All EDC materials/equipment are to be treated with respect and care
- Nothing is to be thrown against the windows or walls

#### **POLICIES AND PROCEDURES**

The following policies and procedures are listed below and full support and cooperation is expected from our EDC families:

- Children arrive at EDC located in the Parish Center. Staff member signs in each child.
- When a child is dismissed, only the parent/legal guardian can sign out his/her child. Any authorized adult relative or neighbor may sign out a child if this person is registered on the Extended Day Care Emergency form.
- A photo ID is required when picking up a child.
- In the event of an emergency, children may be released to the parent/s or to a designated adult authorized by the parent/legal guardian.
- Parents may use the EDC Program on a drop-in basis. Parents call the EDC (650 697-2231) or the school (650 697-8119) in the morning and notify the staff. Drop-ins must be in EDC, 15 minutes after dismissal unless otherwise prearranged by the parents and EDC staff.
- It is the responsibility of the parent to see that students are picked up by the designated closing time at 6:00 p.m. After 6:00 p.m., the late charge is \$2.00 per minute per child due immediately to staff member on duty.
- All children who come to school before 7:45 a.m. or are in the schoolyard 15 minutes after dismissal are sent to the EDC and their parents charged.
- There are no "in/out" privileges. Once students leave the school premises, they may not return for extended care.

#### **PARENTS' RESPONSIBILITIES**

Parent responsibilities are listed below. Parents' completion of the EDC Registration form signifies their agreement to abide by all the EDC policies, procedures, and practices. Therefore, it is important that parents read everything listed below:

- My child is not allowed to come and go freely from St. Dunstan EDC. A parent or authorized person must accompany the child.
- My student will be checked in each day, and I (or an authorized adult) must sign them out each day.
- I must maintain communication with the program director about my child and keep her informed of any pertinent changes.
- I must notify the Program Director in writing of any daily departure changes. I realize that this is for my child's protection. It is my responsibility to notify EDC if I do not receive my statement by the 5<sup>th</sup> of the month so a duplicate can be made.
- Prior to making a bid on a school fundraiser silent action item, any delinquent accounts owed to the school must paid in full, including money owed to the Extended Care Program. Failure to do so will result in the respective bid being disallowed.
- If a medical emergency arises, St. Dunstan EDC will first attempt to contact the parent. If a parent cannot be reached, St. Dunstan EDC will contact the authorized person indicated on the emergency form. If the emergency is such that immediate medical attention is necessary, 911 will be called and the child most likely will be taken to an Emergency Care Facility. Parents will be responsible for all medical costs incurred except for what is covered by the Student Accident Insurance Program.
- The St. Dunstan EDC will operate on all regular school days, early dismissal days, as well as minimum days preceding vacation periods, except the Christmas Holiday, Parish Festival, Thanksgiving, Easter, and summer vacation. EDC will be closed on the first and last day of school, Halloween and the end of the year picnic. Extended Care is not available for kindergarten after their graduation as they are dismissed right after the ceremony. EDC will not be open on school holidays or during major vacations.
- The school will notify parents of any schedule changes or changes in the program through the school website.

# \$60 REGISTRATION FEE DUE WITH REGISTRATION FORM no later than AUGUST 1, 2019

Date Received: Check Number: Amount Paid:

St. Dunstan Catholic School

# **Extended Day Care Program** 1133 Broadway Avenue

133 Broadway Avenue Millbrae, CA 94030 (650) 697-2231

2019-2020 Registration Form

| Family Name                   |            |                | Home Telephone Number |  |                        |
|-------------------------------|------------|----------------|-----------------------|--|------------------------|
| Complete Home Address         |            | e-Mail Address |                       |  |                        |
| Child's Name                  |            | Date of Birth  |                       | Grade                                  |                        |
| Child's Name                  |            | Date of Birth  |                       | Grade                                  |                        |
| Child's Name                  |            |                | Date of Birth         |  | Grade                  |
| Father's Last Name First Name |            | Employer       |                       |  |                        |
| Cell Phone Number             |            | Work Number    |                       | Home Number (if                        | not the same as above) |
| Mother's Last Name            | First Name | 2              | Employer              |  |                        |
| Cell Phone Number             |            | Work Number    |                       | Home Number (if not the same as above) |                        |

### **EXTENDED CARE SCHEDULE**

(Please complete am/pm drop off time/pick-up time)

|   | AM/TIME | PM/TIME |  |  |  |
|---|---------|---------|--|--|--|
| MONDAY  |         |         |  |  |  |
| TUESDAY   |         |         |  |  |  |
| WEDNESDAY   |         |         |  |  |  |
| THURSDAY  |         |         |  |  |  |
| FRIDAY  |         |         |  |  |  |
| DROP IN (Drop in schedule needs to be phoned into Extended Care)                          |         |         |  |  |  |
| Please indicate the date child/ren is/are expected to start using Extended Care Services: |         |         |  |  |  |

# **MEDICAL RELEASE FORM**

In the event of an illness or injury, I hereby consent to whatever x-ray examination, anesthetic, medical, surgical, dental diagnosis, or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of as member of the medical staff or the hospital or facility furnishing medical dental services.

| Child's Name   | Physician's Name        |                   | Physician's Phone Number |  |
|--|-------------------------|-------------------|--------------------------|--|
| Please list any special Medical information (i.e., m                         | edication, allergies or | special needs)    |                          |  |
|  |                         |                   |                          |  |
| Child's Name   | Physician's Name        |                   |                          | Physician's Phone Number                   |
| Please list any special Medical information (i.e., m                         | edication, allergies or | special needs)    |                          | 1  |
|  |                         |                   |                          |  |
| Child's Name   | Physician's Name        |                   |                          | Physician's Phone Number                   |
|  | -                       |                   |                          | Physician's Phone Number                   |
| Please list any special Medical information (i.e., m                         | edication, allergies or | special needs)    |                          |  |
|  |                         |                   |                          |  |
| In the event of a medical emergency, please pr                               | ovide us with the na    | me and phone nu   | mber of whom to          | contact in the event that we are unable to |
| contact a parent/guardian.   | ovide do viidir die na  | me una priorie na | iniber of mioni to       | contact in the event that we are unable to |
| Name   |                         | Relationship to 0 | `hild                    | Phone Number                               |
| Nume   |                         | Relationship to e | Siliu                    | Thore Number                               |
| Designated person(s) other than pa   | erent who may           | nick un child     | /ren (Identi             | fication required)                         |
| Designated person(s) other than pe   |                         | pick up ciliu     |                          | medion required)                           |
| Name   |                         |                   | Phone Number             |  |
|  |                         |                   |                          |  |
| Name   |                         | Phone Number      |                          |  |
|  |                         |                   |                          |  |
|  |                         |                   |                          |  |
| If a court order prohibits our release or                                    | vour child to the       | a non custadia    | Ingrant a con            | of the court order must be an file         |
| If a court order prohibits our release or in our office.                     | your crilla to the      | e non-custouia    | i pareiit, a copy        | of the court order must be on me           |
| Name of adult specifically prohibited fro                                    | om picking up my        | / child:          |                          |  |
|  |                         |                   |                          |  |
| I/We, the undersigned, fully understar                                       |                         |                   | •                        |  |
| safety while attending the extended  |                         | •                 |                          | -  |
| individual being sent home or remove   |                         |                   | _                        | • •  |
| Parent Information Sheet and agree to hold harmless St. Dunstan Catholic Sch |                         |                   | •                        |  |
| volunteers) from any loss or liability ari                                   |                         |                   |                          |  |
| child/children covered by this contract.                                     | •                       | exteriaca ady (   | care program as          | sacrification industry related to the      |
| ,  |                         |                   |                          |  |
| Father:  |                         |                   | Date:                    |  |
|  |                         |                   | Date:                    |  |
| Mother   |                         |                   | Dato                     |  |
| Mother:  |                         |                   | Date                     |  |

PLEASE TURN IN THIS FORM ON OR BEFORE AUGUST 1, 2019
TOGETHER WITH YOUR REGISTRATION CHECK OF \$60.00