

Lourdes Catholic School

Before and After School Care

The Before and After School Care (BASC) program is for students who attend Lourdes Catholic School, enrolled in kindergarten up through age 12.

The program is not open on religious, national, or school holidays. The program begins on the first day of school and ends on the last day of school for the year. A summer program has been established that will begin after the school year ends.

Hours of Operation

The Before School Care Program operates from 7:00-8:00 AM. Breakfast is not served, but if your child would like to bring something manageable to eat, they are welcome to do so. This breakfast food must be consumed before 8:00 AM.

You will drop your child off at the Parish Activity Center (PAC) doors, between the school and the church.

If there is a one hour or two hour late start to school, (weather related or otherwise) the before school care program will open according to the delayed start time. The program will also NOT be open if school is closed due to inclement weather or other unforeseen circumstances.

The After School Care Program will begin as soon as the school day ends. The programs close promptly at 5:30. If your child is not picked up by 5:30, you will be charged an additional fee of \$15/15 minutes.

Pick-up for After School Care is at the Parish Activity Center (PAC), which are the doors located between the school and the church. Please ring the doorbell, and a staff member will let you in. Please check the playground area first to see if we are outside enjoying some fresh air!

If the school closes early due to inclement weather, your child must be picked up from the After School Care and/or After School Club programs within one hour of the school closing.

On scheduled early release days, the after school care program will begin when school ends.

The following page details fees, payments, safety, and emergencies... ..

Fees and Payments

A \$25 registration fee per family is required.

The fees for the before and after school care programs is as follows:

Before School Care:

\$5 per morning (for drop off anytime at or after 7 AM and before 8 AM)

After School Care:

\$5 per hour -

- \$5 for the first hour, then \$2.50 every 30 minutes thereafter.

* There will be a \$15 per 15 minute late charge if your child is picked up after 5:30pm

Payments can be made by cash, check or Blackbaud account. You will only be charged for the days your child attends the program.

Emergencies/Safety

Parents should never take their child without notifying a staff member. Parents should not send anyone else to pick up their child if they have not notified the After School Care staff of a change in their child's ride home. The school office can be contacted by calling (563) 359-3466 before 4:00 pm. If you need to contact the After School Staff after 4:00pm call the LLL Center at (563) 359-4037 or call the LCS Kitchen phone at (563) 359-3466 ext.185.

Expectations for Behavior

As members of a caring, Christian community, children will be expected to respect the staff, each other, and the materials and environment provided. All school policies will be enforced at Before and After school care.

If behavior expectations are not followed, the staff will meet with the child's parents to alert the parents of the problem. During this meeting, possible methods of correcting the behavior will be discussed, and the parents will be notified that before and after school care services will be discontinued if the behavior is not corrected.

Medications and Accidents

In cases of minor nature, First Aid will be administered on the premises. Medication will not be administered unless both a written statement from the physician detailing method, amount, and time AND a written statement from the parent authorizing the staff to assist a child in taking the medication are on file. In case of emergency, the staff will refer to the emergency forms on file to reach a contact person.

Please feel free to contact beth.giese@lourdes.pvt.k12.ia.us with any questions or concerns you may have. We look forward to an awesome year with your child!

Student Registration Sheet- Before & After School Care

Name: _____ Grade: _____

Any food allergies? _____ Any environmental allergies? _____

Name: _____ Grade: _____

Any food allergies? _____ Any environmental allergies? _____

Name: _____ Grade: _____

Any food allergies? _____ Any environmental allergies? _____

Emergency Contact information will be retrieved from your child's online school registration information. **Please be sure that information is accurate.**

Please provide an email address for non-emergency notifications:

Please provide us with names of the person(s) who **may** pick up your child from After School Care:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Is there anyone who **may not** pick up your child from After school care? Please provide their name.

Name: _____ Name: _____

Please mark the expected days of attendance for Before and After school care.

Before School Care: Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___

After School Care: Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___

**SCHOOL-AGE ASSESSMENT & HEALTH FORM
& IMMUNIZATION DECLARATION**

1. **HEALTH STATEMENT** - To be completed by parent.

Child's Full Name _____

Birth Date _____

1. Significant illnesses and surgeries child has had (give age at time):

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

2. **PHYSICAL ASSESSMENT**

1. Is there any defect of vision, hearing or speech of which the child care program should be aware, or could compensate by appropriate action?

2. Is this child subject to any conditions which limit classroom activities or physical education?

3. Is this child subject to any condition which may result in an emergency situation?

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

5. Other information you would like to share:

FOR CENTERS SERVING SCHOOL-AGE CHILDREN OPERATING IN THE SAME SCHOOL
FACILITY IN WHICH THE CHILD ATTENDS SCHOOL:

My signature below certifies that immunization information concerning my child has been provided and is available in the school file.

Parent's Signature _____ Date _____