

# **Burchenal Extended Day of Leaders in Learning**

**The Bell Program Hours are Monday – Thursday 2:15 pm- 5:30 pm**

## **Payment and Late Fees**

Payments are due EVERY THURSDAY. The cost of the program is \$30.00 per week for one child per family, \$50.00 a week for two children per family, \$65.00 for three children per family, \$80.00 a week for four children per family. Tax receipts will be provided upon request. All checks should be made out to Corryville Catholic.

Payment may be dropped off at the school office, in a sealed, and clearly marked, envelope. By enrolling my child as a student in The Bell Program, I understand that it is my responsibility to pay all fees associated with my child(rens) care. I also understand that my child(ren) will not be allowed to attend The Bell Program until all my fees are paid current.

**OUTSTANDING CHARGES CANNOT BE MORE THAN TWO WEEKS. OUTSTANDING CHARGES OF MORE THAN TWO WEEKS WILL RESULT IN SUSPENSION OF THE BELL PROGRAM SERVICES UNTIL THE ACCOUNT IS BROUGHT CURRENT. Children at no time should handle payments. Non-payment of fees is an administration problem and will be treated very seriously. Delinquent accounts, unless arrangements have been made with The Bell Program Director, will be grounds for dismissal.**

You are not required to pay for days in which the school is not in session (i.e. holidays, snow days, PD days).

**There will be a \$5.00 late fee charge for every 10 minutes after 5:30 pm Monday-Thursday. THIS WILL BE STRICTLY ENFORCED and due at pick up.**

## **The Program**

It is the purpose of The Burchenal Extended Day of Leaders in Learning program to provide a safe and fun after school program for the children and working parents of Corryville Catholic. The Bell Program seeks to provide an educational and recreational alternative to parents for adequate after school care for their children of Corryville Catholic. Students will be able to participate in a variety of activities such as crafts, indoor play, games, clubs, and homework assistance (**though, you are still required to check your child's homework and folders, nightly**).

## **Program Objectives**

1. To provide students and parents with an alternative to having a child unsupervised after school.
2. To provide a supervised school-aged childcare program for the safety and welfare of our children.
3. To foster positive attitudes toward Corryville Catholic and fellow students.
4. To enhance the children's emotional, social, and physical growth through the use of art, games, clubs, and other recreational and educational activities.
5. To provide an opportunity for assistance with homework in various subject areas.

6. To provide an opportunity for children to catch up academically.

### **Introduction**

The Bell Program is designed primarily for children of working parents, to help parents ensure quality care for their children, after school. The program is limited to student of Corryville Catholic only. The Bell Program's mission is to invest in your child's life and help them to grow.

## **Burchenal Extended Day of Leaders in Learning**

### **Schedule**

2:15 – 2:45 pm	Transition for classroom to program (greeting, attendance taken, restroom break/ Snack time
2:45– 3:30 pm	Homework, Tutoring, and Enrichment
3:30 – 4:00 pm	Program Activity for the day
4:30 – 5:30 pm	Clubs, activity for the day, gym time, and movies

The Bell Program will follow the same schedule as Corryville Catholic. The Bell Program will not operate on days when Corryville Catholic is closed, such as holidays, holy days, teacher-in-service, conference days, snow days, or early dismissal. Parents are responsible for securing alternative arrangements on those days for their children.

### **Monthly Calendars**

Monthly calendars for each child(ren) are maintained daily. You may take the calendar to mark days your child(ren) will attend, if you would like.

### **Signing in and out and attendance**

Attendance is taken daily. **Individuals picking up the child MUST BE 18 YRS OF AGE OR OLDER.** The individual picking up the child must come to the main office. A child will not be released to an individual whose name is not listed on the release form unless the parent sends in a signed note that morning. Children will not be released without a parent/person picking up coming in and signing out. Your child(ren) must never leave the building or the grounds without the explicit permission of The Bell Program staff. Such permission will only be granted by the explicit written request of the parent/guardian.

### **Emergency Medical Form**

Emergency medical forms need to be completed for The Bell Program as soon as possible. Please return the form with your registration, be sure to include an up to date phone number.

### **Illness Policy**

If your child becomes ill, a parent or authorized person will be called to pick up the child. Health rules are designed to protect the well-being of all children. It would be greatly appreciated if you would keep your child at home if experiencing:

- A fever
- A cold with heavy nasal discharge
- A persistent cough
- Symptoms such as: sore throat or vomiting
- A contagious disease

## **Burchenal Extended Day of Leaders in Learning**

If a child becomes ill while at the program and cannot participate in the normal daily routine, the program director may notify a parent emergency contact.

### **General Policies and Discipline**

The rules of The Bell Program will be modeled after the policies and procedures of Corryville Catholic School as to conduct and discipline. If any serious problems arise, parents will be notified by The Bell Program Director. Continued inappropriate behavior may be cause for removal. It is a privilege to attend The Bell Program and conduct is expected to be proper. Our approach to discipline focuses on SELF CONTROL. Rules are developed and limits are set in order to prevent any physical or mental harm to any of the children or property. We feel our goal can be accomplished by utilizing the following guidelines:

1. Instructors are to act as limit setters. They listen, clarify, and support choices.
2. Positive language and manners will be used to communicate limits.
3. The environment will be structured to help children remember limits.
4. Children are recognized with praise for respecting limits.
5. Children will be positively rewarded for consistently good behavior.

A child who is having a problem staying within the guidelines of The Bell Program will be removed from the group to a designated time-out area until they are able to return and deal with the situation in an acceptable manner. For serious or recurrent problems, notification will be given to the parents via a written note or telephone call.

### **Expectations for Behavior**

As a member of a Christian, and caring community, the children will be expected to respect the staff, Volunteers, fellow schoolmates, the materials, the property, and the environment.

### **• CHILDREN'S RIGHTS**

Each student receiving services from the program is entitled to the following rights and/or privileges:

- To be treated with respect and dignity in his/her personal relationship with staff and/or other persons.

- To be provided with a safe and healthful environment.
- To be provided with an environment free from the following: corporal punishment, humiliation, intimidation, ridicule, threats, physical restraint or mental abuse.
- To be provided with an environment that includes all of the necessities of care.

#### • **STAFF MEMBER'S RIGHTS**

Each staff member employed by the program is entitled to the following rights and/or privileges:

- To be treated as a professional caregiver by parents, students, school staff and visitors.
- To be provided with a safe and healthy environment.
- To be provided with an environment free from the following: threats, harassment, humiliation, intimidation, ridicule or mental/physical abuse.

In order to protect the rights of staff members employed by the program, infringement upon these rights may result in the suspension or removal of a child or family.

#### • **PARENT'S RIGHTS**

Any parent, guardian or child representative has the right to be informed of the appropriate procedure regarding grievances, questions or complaints. The procedure is as follows: Step #1 – Contact the program's Program Director: Heather Lovitt  
Step #2 – Contact the school principal: Lauren Clements

## **Burchenal Extended Day of Leaders in Learning**

### **Inclement Weather**

The Bell Program inclement weather policy will coincide with Corryville Catholic policy. If the weather makes it impossible for you to pick up your child by 5:30 pm, please call the school. *SAVE THIS NUMBER IN YOUR CELL PHONE 513-281-4856 FOR QUICK REFERENCE.* A staff member will answer your call.

### **MEDIA RELEASE**

Staff may photograph, videotape and/or audiotape members and others participating in the program. Any or all of these forms of media may be used at the discretion of the program for working with and promoting the program. If you do not want your child photographed or published, please DO NOT check this box on the Parent permission slip included with this booklet.

### **Phone Policy**

The children will not be allowed to call out unless it is an emergency. The Children are not permitted to have their cell phones. Cell phones must be kept off and in their backpacks. Parents may call their child(ren) at any time.

**Snacks**

Snacks will be provided to your child. Please make sure The Bell Program Director is aware of any food allergies your child has.

## **Burchenal Extended Day of Learders in Learning**

I, \_\_\_\_\_, have read The Bell Program handbook and understand the purpose, policies, and schedule of The Bell Program. I give permission for my child to attend The Bell Program.

Please initial below:

\_\_\_\_\_ I understand that I must pick my child up by 5:30pm everyday

\_\_\_\_\_ I have read and understand the Payment and Late Fees Section. INITIALING THIS SECTION AND SIGNATURE ON THIS FORM SIGNIFIES AGREEMENT AND CONFIRMS THE AGREEMENT.

\_\_\_\_\_ I have read and understand the Signing in and out and Attendance  
section

\_\_\_\_\_ I understand the discipline policies of the program

\_\_\_\_\_ I give permission for my child to be photographed, videoed or otherwise taped by staff members participating in the program. I verify that I know that any or all of these forms of media may be used at the discretion of the program for working with and promoting the program. If you do not want your child photographed or published, please DO NOT initial this line.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Burchenal Extended Day of Leaders in Learning**

REGISTRATION – **A non-refundable registration fee of \$25 (per family) is due upon registration.**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Does your child have any allergies or take any special medications? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have a chronic condition(s) (asthma, epilepsy, etc.)? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

My child will be registered for the following type of care: Full time (4 days a week) Part time (please circle days needed) M T W Th

My child \_\_\_\_\_, has my permission to participate in The Bell Program at Corryville Catholic Elementary School. I understand that this program included, but is not limited to academics, clubs, and other recreational programs. I further agree to indemnify the Archdiocese of Cincinnati and The Bell Program shall not be held liable for any injury or loss of clothing, school books, toys, etc. which my child may sustain while participating in this program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Burchenal Extended Day of Leaders in Learning**

NAMES OF (3) PERSONS, OTHER THAN PARENTS, FOR EMERGENCY CONTACT, DISMISSAL AND RELEASE OF MEDICAL INFORMATION:

The Bell Program may dismiss and/or release medical information regarding my child(ren) to the persons listed below. I understand that this release shall remain in effect as long as my child remains enrolled. I may terminate or alter this release by completing a new form available through The Bell Director.

For my child's health, safety and welfare, The Bell Program can release your child to the following people and/or release medical information to the following:

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



**Release and Indemnification of the Medical Power of Attorney:**

1. I, the lawful parent or guardian of \_\_\_\_\_, release from all liability, and indemnify and hold harmless the Archbishop of Cincinnati, both individually and as trustee of the Archdiocese of Cincinnati and all parishes with the Archdioceses, and the offices, agents, representatives, volunteers, and employees of either the Archdiocese or any parish thereof (agents), and The Bell Program from any and all liability, actions, causes of actions, claims, judgements, cost or expenses, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury or illnesses incurred by my child while participating in or traveling to or from the activity.

2. I agree to instruct my child to cooperate with all agents of the Archbishop in charge of the activity.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**== SITE COORDINATOR USE ONLY**

Date application was received \_\_\_\_/\_\_\_\_/\_\_\_\_ Date registration received \_\_\_\_/\_\_\_\_/\_\_\_\_ First day of enrollment \_\_\_\_/\_\_\_\_/\_\_\_\_ Emergency cards completed Y\_\_\_\_N\_\_\_\_

Note: \_\_\_\_\_  
\_\_\_\_\_