

CRUSADER CARE HANDBOOK

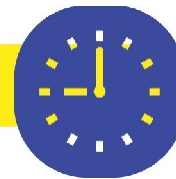
The **Crusader Care Program** is designed primarily for children of working parents.

The program is limited to students of St. Francis de Sales School in grades kindergarten through grade eight.

The **Crusader Care Program** provides a safe environment for children and allows ample time for homework assignments, books, games, & outdoor activities.



HOURS & DAYS OF OPERATION






The Crusader Care Program will operate in the school cafeteria between the hours of **7:00 AM – 8:30 AM and 3:30 PM - 6:00 PM**. The days of operation will follow the same calendar as St. Francis de Sales School and will not operate when school is closed.



REGISTRATION



To register your child in the Crusader Care Program, you must complete the following:

-  Registration form
-  Student Information form
-  Pre-paid Deposit

All registration must be turned into the school office. The registration process must be complete before your child attends the program.



TUITION

Before School Care: 7:00-8:30 a.m.

\$10 for first child

\$8 for second child

Additional children free.

After School Care: 3:30-6:00 p.m.

\$15 for first child

\$12 for second child

Additional children free.

We are happy to provide emergency care for your child(ren) in the event that an unforeseen circumstance arises. In order to plan for the unexpected, it is nice to have a payment made in advance so that your child be able to attend the program. Any unused funds will be refunded at the end of the school year. To attend, please complete all required forms and have a payment set up in advance. Please call the school office to let the office know that your child will be staying for Crusader Care.



PAYMENTS AND FEES



All payments will be made via the St. Francis de Sales Parish online payment system. All families will be required to use the online system to pay all after-school charges, **NO CASH OR CHECKS WILL BE ACCEPTED AT THE PROGRAM.** The programs attendance will be reconciled at the close of each month. If the end of the month falls on a weekend, the payment will be processed the first business day following.



ARRIVALS AND DEPARTURES



Morning Care

Children will be checked into the Morning Care program by their parent/guardian. Staff will be responsible for recording your child's attendance in a daily log. Children will remain in the care of the Crusader Care staff person until school opens at 8:30 a.m. The students will report to their classrooms.



After Care

Children will be dismissed to After Care by the school office and will report to the cafeteria at 3:30 p.m. Children will remain the responsibility of the after-care program staff until picked up by a parent, legal guardian, or other pre-authorized person. Staff will be responsible for recording your child's attendance in a daily log.

Please call or email the school office before 2:30 PM if your pick-up arrangements have changed.

Please advise the person who will be picking up your child that they will need to bring a driver's license for proper identification. Under no circumstances will any child be released to any individual without photo identification and parental consent either by telephone, e-mail, or written authorization.

Children's garments, backpacks, books, and personal belongings should be clearly marked with your child's full name. We encourage children to be responsible by taking care of their property and staff will monitor belongings, but neither the staff nor the school will be held responsible for lost or damaged personal property.



SNACK TIME



A light snack will be made available to students during after-care.



ILLNESS



If your child is sick on a scheduled day for Crusader Care, you may transfer the missed day to a different day during the school year.

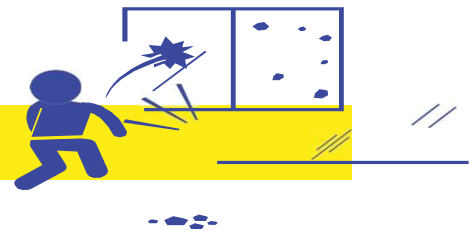
- ⊛ No refunds will be made for missed days due to inclement weather or illness.
- ⊛ If a child is absent from school or dismissed early because of illness, he or she cannot be admitted to the program that day for health reasons. Please be advised that there is not a nurse on duty during the program. Administrators can handle minor injuries/issues. If a significant issue arises, a parent and/or 911 will be called.
- ⊛ In addition, for the safety of your child and our employees, we are NOT permitted to administer any medications except, Epi-pens, in case of allergic reactions, inhalers, or Benadryl, provided a medical dispensing permission form is on file with the program. Any time medication is dispensed, a parent will be called and will be required to pick up the child from the program immediately.

LATE PICKUP



If a child is left beyond the closing time of 6:00 PM, a late fee will be charged. The fee will be one dollar for every minute after 6:00 PM. This will be invoiced and paid using the online parish payment system.

DISCIPLINE



The philosophy and form of discipline established for the Crusader Care Program will be:

- ⊛ Consistent with the Christian atmosphere maintained during the school day.
- ⊛ Being concerned for the physical, mental, and emotional safety and well-being of each child, it may become necessary to limit a child's participation in the program in one or more of the following ways:

TIME OUT

An immediate action which separates the child from ongoing activities. Used when minor behavioral problems cannot be corrected by verbal warnings and/or redirection.

SUSPENSION

An action which indicates that a child will not be admitted to the program for a specified number of days. The parent will be expected to make the necessary arrangements for after-school care. Used when more serious or repeated behavior problems persist.

EXPULSION

An action which indicates that a child will not be admitted to the program for the duration of the school year. The parent will be expected to make the necessary arrangements for after-school care. Used when extreme misconduct/disrespect for authority occurs or persists.

In any event the parent will be notified verbally or in writing any actions will take place.

If a child becomes disruptive to the point where his or the other children's physical, mental, or emotional safety is at risk, then the School Principal will make all decisions regarding Suspension & Expulsion.



SAFETY AND SECURITY



- ⊛ For security purposes, everyone authorized to pick up your child must be listed on the child information form.
- ⊛ They must show their driver's license each time they pick up your child. *We respectfully request your cooperation in enforcing this policy by showing a license every time they pick up.*
- ⊛ The parent/guardian will need to sign out their child each day.
- ⊛ In the case of an accident, Accident/Incident Report Forms will be completed and available to parents within 24 hours. A parent or legal guardian must sign the Accident/Incident Report Forms and return them to school.
- ⊛ A procedural plan will always be posted in case of fire emergency and weather.



QUESTIONS



- ⊛ Any questions pertaining to the **Crusader Care** program can be directed to the school office by calling **513-932-6501**.
- ⊛ Any questions pertaining to the before/after-care fees can be directed to Carl Whittenburg: CWhittenburg@sfdsl.org

CRUSADER CARE REGISTRATION

CHILDREN'S NAMES:

GRADE:

We acknowledge receipt of the St. Francis de Sales Crusader Care Program Parent Handbook and have read the handbook and agree to follow all policies and procedures listed in the handbook as well as the St. Francis de Sales Student/Parent Handbook.

PARENT NAME (PRINTED)

PARENT SIGNATURE

DATE

Please return this form with the
Student Information form.
Registration fees must be paid online.

Student Information

Name _____ Grade _____

Address _____ City _____ State _____ Zip _____

Mother's Information

Name _____

Email _____ Cell Phone # _____

Work Phone # _____ Home Phone # _____

Father's Information

Name _____

Email _____ Cell Phone # _____

Work Phone # _____ Home Phone # _____

Emergency Contact Information

Emergency Contact _____

Relationship to Child _____

Emergency Contact Phone Number _____

List names, other than parents or legal guardians, who have permission to pick up your child(ren) from the Crusader Care program.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Medical Information

Medical Conditions _____

Allergies _____

Physician _____

Phone Number _____

Grant Consent: In case of an emergency, I authorize emergency medical services(911) to treat, and, if necessary, to transport my child to the nearest hospital emergency room for treatment.

Parent Signature _____ Date _____