

# St. Catherine of Siena Catholic School

## Extended Day Program

Parent/Student

Policy Handbook

2025-2026

*School Year*

### Philosophy/Mission Statement:

The St. Catherine Catholic School Extended Day Program exists to provide for children of working parents a safe and enjoyable environment to spend an extended period of time after school dismissal.

This program reserves the right to amend this policy book for just cause, and families registered in this program will be notified of any such amendments.

# St. Catherine of Siena Catholic School

## Extended Day Program

Welcome to the St. Catherine of Siena Catholic School Extended Day Program, a childcare service for your child(ren). The program is available to all students enrolled in St. Catherine of Siena Catholic School. It will be open every day that school is in session all day; on days that school is dismissed early (e.g., noon) or days when school is not in session, there will NOT be any childcare provided. Following, are the policies of our program:

### FORMS THAT MUST BE ON FILE

- Authorization for Emergency Care and Release Form
- Signed Agreement Form & Enrollment Form

### HOURS OF OPERATION

3:30 P.M. – 5:30 P.M.

The students will be in the cafeteria, gym, or outside on the playground. **Parents must come in personally to sign their child(ren) out for the day, and also verbally notify one of the employees that the child(ren) will be leaving.**

### ATTENDANCE

A child must have been in attendance at school during the day in order to attend the extended day program.

### COMMUNICATION

If you need to contact the director of the program (e.g., if your child(ren) usually attends the program each evening, but will not be attending a certain evening), please call the school office, at 719-2917, and ask that a message be given to the director, or leave your telephone number where you can be reached. Correspondence can also be conducted by notes or e-mail at [extended.day@saintcatherinewichita.com](mailto:extended.day@saintcatherinewichita.com).

### SCHEDULE OF ACTIVITIES PROVIDED

Students will participate in a variety of activities such as free time play, structured play/ activity time, indoor and outdoor play (weather permitting), study/silent reading/quiet activity time, and snack time. Students may or may not have the opportunity for all activities listed; involvement will depend on the length of time spent each day in the program.

### EXPECTATIONS OF THE STUDENTS

- Follow all the rules (“see” next section)
- Be responsible for such items as bookbags, coats, and other personal items. (The program is not responsible for the breakage or loss of any personal items.)
- Must report to EDP immediately after school, not go outside or any other place prior to signing in.
- Must notify a person in charge when parents arrive for them.
- If outside temperature is above 80°, girls may take jumper or skirt off (if marked with her name on tag- A MUST!) and wear modest (not too tight; not too short) shorts and uniform blouse.

### STUDENT RULES

- Respect other students, employees, and all property
- Be willing to share toys and sports equipment with other students, and be willing to allow others to join in activity or game**
- All toys, balls, other sports equipment, and games (e.g., card games and board games) must be used appropriately**
- Must be quiet during the designated study/silent reading/quiet activity/prayer time.
- No touching, grabbing, pushing, or kicking other students.
- No foul language or profanity, including the misuse of God’s name (or taking the Lord’s name in vain).
- Must stay with the designated group and assigned employee at all times (e.g., if group child is assigned to is inside the building, he/she must be inside; if outside playing, student must be outside).
- Must ask an employee for permission to use the restroom or to leave the room for any reason.**
- When eating, student must remain seated until finished, and then clean up his/her area, and throw trash away.**
- No food or drinks allowed except that provided as a snack by the program.**
- No gum chewing or candy allowed.
- No cell phones or other electronics allowed.
- No trading cards allowed.**
- No sports equipment or other toys from home allowed.**

## EMERGENCIES

- ❑ **In case of an Emergency-** Employees have been instructed to follow this procedure: Call the parent immediately. If parent cannot be reached and/or situation is gravely serious, call 911 (even if parent can be reached, the employee may still determine that calling 911 is necessary for the good of the child and employee will inform parent that 911 will be called.)
- ❑ **If child is ill or becomes ill-** Students who have any sort of communicable disease will not be permitted to attend the program. If a child either arrives at the end of the school day showing symptoms of illness or develops these signs during the program hours, the employees will call the parent and ask that the child be picked up as soon as possible.
- ❑ **Medications-** The Extended Day Program will not administer any type of medication, for any reason. Students will NOT have access to items kept in Nurse's Office.
- ❑ **Safety Drills-** Safety drills will be practiced with the children in the program.
- ❑ **In Case of Tornado-** Students must remain in the school until the "all clear" signal is given. Parents can report to the storm shelter, and join the students, too, until the danger has passed.

## STUDENT RECORDS

- ❑ **Health-** The Extended Day Program will have access to all health information which has been provided to and is on file with the school. Duplicate copies will be placed in the student's file located within the Extended Day Program. It is advisable that parents still visit with the director and/or employees of the program so that they are aware of any health issues such as medication a child is taking and/or any allergies a child may have.
- ❑ **Custody Decrees/Other Types of Contact of Child with Adults-** The Extended Day Program has access to copies of any custody decrees or other documents relating to a parent/adult's contact with a child; however, it is advisable that the parents still visit with the director and/or employees of the program so that they are aware of any such contact.

## FEES & PAYMENTS

- ❑ **Fees are to be paid on the first day of each month** based upon the amount of time you need the program. Fees are based upon parents' chosen scheduled time. Pick-up times will be monitored by the director; if necessary, fees will be adjusted on the next month's bill.
- ❑ We will ask the payment be made by check (this will serve as your receipt) in the amount due.
- ❑ Checks should be in an envelope with "Extended Day Program" written on the outside of the envelope. A parent may drop the payment off at the school office, or send it with the oldest child in the family to school instructing the child to either give it to his/her classroom teacher or turn it in to the school office.
- ❑ **If some type of payment is not received by the next billing cycle, then the child(ren) in the family will no longer be allowed to attend the program.**

A \$30.00 per family non-refundable fee will be accessed to process all applicable documents necessary to run a successful program.

**Monthly fees will be assessed based on number of students attending, number of days per week, and pickup time.**

**SCSCS Extended Day Payment Schedule**

	# of Days Per Week	Pick-up 3:30-4:30	Pick-up 4:30-5:00	Pick-up 5:00-5:30
One Student	5	\$66	\$96	\$127
	4	\$51	\$76	\$101
	3	\$41	\$61	\$76
	2	\$25	\$41	\$51
	1	\$15	\$20	\$25
Two Students	5	\$132	\$192	\$253
	4	\$101	\$152	\$203
	3	\$81	\$122	\$152
	2	\$51	\$81	\$101
	1	\$30	\$41	\$51

	<b># of Days Per Week</b>	<b>Pick-up 3:30-4:30</b>	<b>Pick-up 4:30-5:00</b>	<b>Pick-up 5:00-5:30</b>
<b>Three Students</b>	5	\$198	\$289	\$380
	4	\$152	\$228	\$304
	3	\$122	\$182	\$228
	2	\$76	\$122	\$152
	1	\$46	\$61	\$76

A **late fee of \$10.00** will be assessed for the first 15 minutes and **\$1.00 per minute** after that for those students not picked up by their agreed upon scheduled time.

PLEASE NOTE: FOR THE SAFETY OF THE STUDENTS, ALL STUDENTS THAT ARE NOT ENROLLED IN THE EXTENDED DAY PROGRAM, AND ARE NOT PICKED UP BY 3:40 P.M., WILL BE PLACED IN THE EXTENDED DAY PROGRAM AND ASSESSED A \$5.00 FEE FOR EACH OCCURRENCE.

**Drop In Prices:** If you need to use Extended Day once or twice a month, or for unexpected circumstances, you may call the office to leave an emergency phone number, then pay a drop-in fee of \$5/hour per child. Payment is due at pick up time (pick up time no later than 5:30 p.m.)

**PROGRAM PRIVILEGE**

Attendance in the Extended Day Program is a privilege that can be revoked by the school at any time.

# St. Catherine of Siena Catholic School Extended Day Program

## Agreement Form

Please read and initial each statement below. Your initials indicate your understanding and agreement to comply with each statement.

- I have read the Extended Day Program Handbook.
- I understand that my child(ren) will only be released to those authorized.
- I understand that payment of fees is due on the first day of every month.
- I will discuss the behavior policy with my child(ren). He/She will abide by the guidelines set forth and show respect to both peers and adults.
- I understand that my child(ren) may be removed from the program should behavior issues that have been addressed continue to persist.
- I am aware of the school calendar and realize the Extended Day Program is open only on days that school is in session, all day. On days that school is dismissed early (e.g., noon) or days when school is not in session, there will NOT be any Extended Day provided.
- I understand that medications will NOT be distributed to my child(ren).
- I understand that cell phones and other electronic devices from home are not allowed at EDP.
- I agree to pick up my child(ren) by my scheduled chosen time each day. I further understand that I will be charged a late fee of \$5 for the first 15 minutes, and \$1.00 per minute after that.
- I agree to NOT give out the door lock code to my child(ren) or anyone who does NOT pick up my child. Giving out this code results in a security violation which requires the code number to be changed.

### Day & Pick-Up Times

Please check the days that you plan to use the program and the time you plan to pick up your child(ren). Pick Up Time Options: 4:30 P.M., 5:00 P.M., or 5:30 P.M.

_____ Monday	Pick up time ____:____ P.M
_____ Tuesday	Pick up time ____:____ P.M
_____ Wednesday	Pick up time ____:____ P.M
_____ Thursday	Pick up time ____:____ P.M
_____ Friday	Pick up time ____:____ P.M.

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Parent/Guardian Signature

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Date

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Please Print Family Name

St. Catherine of Siena Catholic School

Extended Day Program

Authorization for Emergency Care and Release

Please print when completing this form

I hereby appoint the St. Catherine of Siena Extended Day Program staff, of lawful age, as my agent and representative for the purpose of authorizing and consenting to hospital care and/or medical care and treatment of:

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

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

For any illness or injury that may occur while such person is in the care or custody of the agent between the dates of August 14, 2024 and May 26, 2025, while I am away, on vacation, or otherwise not immediately available to give such consent.

Mother's Name \_\_\_\_\_
Home Address \_\_\_\_\_
Home Phone \_\_\_\_\_
Work Phone \_\_\_\_\_
Cell Phone \_\_\_\_\_
Preferred e-mail \_\_\_\_\_

Father's Name \_\_\_\_\_
Home Address \_\_\_\_\_
Home Phone \_\_\_\_\_
Work Phone \_\_\_\_\_
Cell Phone \_\_\_\_\_
Preferred e-mail \_\_\_\_\_

Student's Name \_\_\_\_\_
Sex: M / F Age: \_\_\_\_\_ Grade: \_\_\_\_\_
Birth Date \_\_\_\_\_
Last Tetanus \_\_\_\_\_
Food Allergies \_\_\_\_\_
Drug Allergies \_\_\_\_\_
Preferred Hospital \_\_\_\_\_
Child's Physician \_\_\_\_\_
Dr. Phone # \_\_\_\_\_

Student's Name \_\_\_\_\_
Sex: M / F Age: \_\_\_\_\_ Grade: \_\_\_\_\_
Birth Date \_\_\_\_\_
Last Tetanus \_\_\_\_\_
Food Allergies \_\_\_\_\_
Drug Allergies \_\_\_\_\_
Preferred Hospital \_\_\_\_\_
Child's Physician \_\_\_\_\_
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Drug Allergies \_\_\_\_\_
Preferred Hospital \_\_\_\_\_
Child's Physician \_\_\_\_\_
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Student's Name \_\_\_\_\_
Sex: M / F Age: \_\_\_\_\_ Grade: \_\_\_\_\_
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Drug Allergies \_\_\_\_\_
Preferred Hospital \_\_\_\_\_
Child's Physician \_\_\_\_\_
Dr. Phone # \_\_\_\_\_

Emergency Contact & Authorized Persons for Child Pick-Up

In the event that the parent or guardian is unable to be contacted or unable to pick up the above-named child, I/we give consent for the following people to pick up the child in our absence.

Table with 3 columns: Name, Relationship to Child, Phone. Rows 1, 2, 3.

Family Password: \_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_