



Xavier Middle School

After Care Program Parent Handbook 2023-2024

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After Care Policies and Procedures

This handbook was written to explain the policies and guidelines of St. Francis Xavier Catholic School System (XCS) After Care program located at Xavier Middle School. Parents using this program are asked to read this handbook carefully and are required to sign and return the parent agreement to the Middle School office marked Care Manager. Your signature indicates understanding and agreement of the policies and guidelines of this program. Policies are subject to change as needed. . **The CARE Programs are NOT a part of the Wisconsin Parental Choice Program.**

Mission Statement

The After Care Program provides a safe, caring, and Christian environment for students at Xavier Middle School. It gives families a choice for quality care on site with minimal transitions. The After Care Program is a self-supporting program that relies on the fees paid by the families who use the program.

The After Care Leadership

Trained and qualified staff supervise the After Care Program. The staff is responsible for the day-to-day details of the program including, but not limited to: attendance, planned activities and dismissal of the children; as well as keeping the paperwork up-to-date, discipline, and managing fees. The Care Program Manager is responsible for hiring and evaluating care staff and ensuring the viability and success of the After Care Program.

COVID19 Policy

Policies and procedures written under the guidance of federal, state and local agencies, the Diocese of Green Bay and Xavier Catholic Schools will be followed in the CARE Programs. These policies can be found at www.xaviercatholicschools.org.

Registration

In order for a child to attend After Care, children must be attending XMS and the following forms must be completed and returned: the Parent Agreement Form, the Registration Form and a Monthly Schedule. Tax deduction, use **ID number: 75-2975177**; end of year tax receipt is found in Blackbaud. . **The CARE Programs are NOT a part of the Wisconsin Parental Choice Program.**

Attendance

Arrival and Program Start Time

All students scheduled to attend After Care must report to After Care immediately following school dismissal. After Care begins at 3:30 pm on regular school. Students are not permitted to roam school until 4 pm or attend other after school activities if they are expected in After Care. If a student should continue to abuse the arrival time, further action will be taken.

Monthly Schedules

To provide quality and safe care, it is important to know how many children will be attending our program daily. Parents are required to fill out a monthly schedule and return it to the Care staff by the 15th of the prior month care needed. On the form, parents need to indicate which days the child(ren) will be attending After Care and any other scheduled activities on the building grounds during this time (i.e. sports/play practice, clubs etc.). Parents are to notify the Care Staff in the event of any schedule changes. . **The CARE Programs are NOT a part of the Wisconsin Parental Choice Program.**

Availability

Preference will be given to families who return their schedule as requested; late submission could result in denied care. No Drop-In Care available. All Care requests must be scheduled with Care staff or Cassidy Johnson.

Schedule Changes on Regular School Days

Scheduling must be done in advance to secure a spot each month. Attendance schedules must be turned in by the 15th of the prior month of needed care. Schedule changes must be made at least 24 hours in advance of the day the change is to occur or by 6:00 pm Friday for Monday changes.

Default Attendance

If a student is sent to the After Care Program by school or office personnel because the student is at school after 4:00 pm an additional drop in charge will be given above the normal session rate.

Cell phones, eReaders, & Devices

Cell phones must be silenced during program hours and kept in the student's backpack. Use of eReaders and other devices is not permitted during Care. **Xavier Catholic Schools and care staff are not responsible for lost, stolen, or damaged personal property.**

Sick Policy

- **Isolation of an Ill Child** • When a child becomes ill during any care program; he/she will be isolated from other children within the room or in the school office. • A child with a sore throat, inflammation of the eyes, fever over 100 degrees, lice, undiagnosed rash, vomiting, or diarrhea will be isolated. • Isolation shall be used until the child is picked up from the school site. **Pick-up of an Ill Child** • the child's parents/guardians will be called immediately after an illness is discovered (or authorized person when parents/guardians cannot be reached). The adult contacted shall make arrangements for the child to be picked up immediately. **Re-admittance** • To maintain and promote a healthy environment with respect to each child's well-being as well as the staff's and parents', children will be readmitted to the program once they are symptom-free, this means without the use of over the counter medication to keep the symptoms at bay. • If symptoms return during care, staff will call the parents and the child will need to be picked up immediately. • Children cannot return for 24 hours, once the child is symptom free without the use of medication or remedies that will mask the symptoms, and on any prescribed medication at least 24 hours or longer as instructed by a medical professional. • Do not send your child to school or care while they are still symptomatic.
- **Full Day of Care cancellations for sick child will be charged accordingly. Please see fees below.**

Program Hours and Payment

Care Programs are billed through the families Blackbaud account. It is a family's responsibility to know when payment is to be made based on the date of invoice due. **Note:** a family's invoice is generated up to 20 days prior to the due date; please track days of care scheduled/used and include that amount with your payment to Blackbaud. Blackbaud offers an end of year tax receipt. The **Tax ID number is: 75-2975177.**

Regular Program Charges per Child

After Care Session One: 3:30 – 5:00 pm, \$7.00 per session

After Care Session Two: 5:00 – 6:00 pm, \$7.00 per session

Use of any portion of a session in any CARE program will be considered full attendance in the session.

Full Day Care

On dates Full Day Care is offered, the Care program will be available from 7:00 am – 6:00 pm. This is offered to XES and XMS students. All students must be registered with the Care Program and must sign up two weeks prior to the date. There are two options for scheduling, full day or half day the greater will be charged. Students need to bring a cold lunch these days unless otherwise noted. Full Day care will be at the XES Marquette St campus in the lower level or McDonald St to be with younger siblings.

Parents need to sign their children up for Full Day Care two-weeks in advance for students to be considered registered for that day. Cancellations or changes made one week prior will be charged in full. Cancellations or changes made in the week of the offered Full Day Care will be charged in full plus a \$10 late fee per child. This also applies in the event if our start is delayed. There is no additional fee if a child is added during the week of the offered Full Day Care; only if space is available. Additional charges will occur if a child is a no show or drop-in. Children cannot leave the school and then return at a later time, we expect children in attendance by 9:00 a.m.

Full Day Care: 7:00 am – 6:00 pm. It is held at the XES Marquette St. In the event of a delayed start, we will begin at 9:00 am; we expect all scheduled children to attend and charges will be applied. See list of dates below.

Full Day Care Fees

Full Day, \$50 first child \$45 each additional child
Half Day (up to six hours) \$25 first child \$22.50 each additional child
Half Day hours must be indicated on the schedule

*Use of **any portion** of a session in any CARE program will be considered full attendance in the session.*

Delayed Start Full Day

In the event there is a delayed start, Full Day will begin two hours later than usual; at 9:00 a.m. Since Care is available, we will expect scheduled children to attend; all charges will be applied accordingly – no exceptions. If the day goes to full closure before 9:00 a.m., there will be no care offered-no charges applied. Families will be called to pick up their children from Marquette St if the decision to close school is made after 9:00 a.m.; prorated charges in this case will be applied.

*The 24-hour advance notice to change without penalty does not apply to Full Day Care scheduling. See policies above.

Full Day Care Dates 2023-2024

Full Day care **will** be available the following days at the Marquette St campus:

October 27 November 9 January 19 February 8
March 15

Last Day of After Care

Last day of After Care is Thursday, May 30.

After Care

After Care is offered 3:30 pm – 6:00 pm on regular school. Students walk to the LMC, settle in, and chat with friends while attendance is taken. Students in After Care **need to bring a snack from home**. They can take bathroom breaks, have gym/outside time when possible, and have time to complete homework. Gym/outside time is important; therefore, the daily schedule will vary based on the time of year and the weather.

Snacks: After Care students must have a snack from home. After Care will not be providing snacks. The Care Programs will follow or go above the wellness guidelines put in place by the Catholic Diocese of Green Bay.

Homework Club will be offered each afternoon. All children will be encouraged to complete homework or take part in quiet reading or activity time. This is a time for students to work on assignments; however, it is not the responsibility of the care staff to ensure assignments are completed before students are picked up.

Active play is still very important at this age. When possible, students will be taken outside or to the gym for age appropriate activities. Staff will leave a note outside the care door to let parents know where the group is.

Students will also have the opportunity to play board or card games, do arts and crafts, work on computers and participate in service projects. Students are welcome to finish homework at this time.

Parents must pick their children up and sign them out each time After Care is used. Students will not be released without a parent or pick up person signature.

Pick Up

Families must pick up their children at the campus After Care area, the XMS Library. Only those people listed on the registration form will be allowed to pick up the children – **No Exceptions**. When an adult is not familiar to staff, the adult will be asked to show an I.D. Please inform all authorized adults of this procedure. Additional names may be added throughout the year. For safety reasons, each child must be signed out before leaving the After Care Program.

Students are considered picked up when the parent has assumed responsibility of the child.

Parents/Guardians who pick up their children after 6:00 pm will pay an additional session for every five minutes after 6:00 pm. In case of emergency situations, please contact the Care Program Manager.

After Care **is not** offered:

- The half day before holiday and school vacation at this time
- During school holidays or vacations
- On days when there is an emergency early dismissal
- On any day school is not in session:
 - Full day weather related school closure
 - Full day system in-service, retreats and other days listed on the school calendar as a no school days.

Discipline

Children are expected to adhere to the same school rules and expectations that are in place during the school day.

In general, students should:

- **Do unto others as you would have them do unto you (Treat others kindly in words and in actions)**
- **Respect yourself, others, and property**
- **Follow directions of the supervisors**
- **Ask permission to use the restrooms**
- **Stay with the group**
- **Pick up after themselves**

Consequences for inappropriate behavior include but are not limited to:

- Verbal Warning
- Principal/Assistant Principal involvement
- Discussion with the parent

Depending on the severity and frequency of the behavior, the Care Program Manager reserves the right to suspend child care services if the behavior is not corrected.

Volunteers

Volunteers may be used to supplement the adult staff of the After Care Program. Regular volunteers must complete the VIRTUS training and eAPPs on-line registration. Families who use the program are welcome to volunteer on an occasional basis to assist the provider during sessions. Other volunteers from the system may also be used and welcomed as part of the After Care Program.

Xavier High School Mentors

At times throughout the school year, the Care Programs will utilize upstanding Xavier High School (XHS) students to mentor or tutor students in our programs.

Wellness Policy

The After Care Program will follow the wellness policies put in place by the Catholic Diocese of Green Bay.

Contact Information

Cassidy Johnson, Care Program Manager can be contacted by email cjohnson@xaviercatholicschools.org.
Contacts: allstaffcarexms@xaviercatholicschools.org XMS After Care cell 920-424-5434 or LMC 920-730-8849 ext. 4303.

*******Families who do not follow After Care payment policies will be denied care services. *******

Parental Agreement

I have read the Policies and Procedures for the Xavier Middle School After Care Program

Please List each child enrolled in the After Care Program

| Name | Birthday | Age | Grade |
|------|----------|-----|-------|
|------|----------|-----|-------|

| Name | Birthday | Age | Grade |
|------|----------|-----|-------|
|------|----------|-----|-------|

| Name | Birthday | Age | Grade |
|------|----------|-----|-------|
|------|----------|-----|-------|

| Name | Birthday | Age | Grade |
|------|----------|-----|-------|
|------|----------|-----|-------|

_____ I understand the CARE Programs are NOT a part of the Wisconsin Parental Choice Program.
Initial

_____ I acknowledge full responsibility for any Child Care Program fees, including any drop in/no show attendance.
Initial Nonpayment of fees incurred will result in the suspension of care for my child/ren.

_____ I understand all fees will be charged to my Blackbaud account and paid out per my direction on the account.
Initial These fees will post to the account about one week after occurring.

_____ I understand all schedules must be submitted prior to attendance and all changes must happen 24 hours in
Initial advance or additional fees will be charged.

_____ I understand I am expected to pay for all days scheduled or care services used.
Initial

_____ I have read and understand the policy and expectations for the Full Day Care options.
Initial

_____ I understand a late pick up fee of \$15 for every five minutes past 6:00 pm is applied.
Initial

_____ I understand it is my responsibility to inform those picking up know the policies and procedures of
Initial XCS Child Care Programs.

_____ I understand XCS Child Care Program does not carry supplemental health insurance and I will be responsible
Initial for any medical expense related to injury my child may incur while participating in the program.

_____ Children with physical, emotional, or dietary needs will be accepted into the programs as determined it is in
Initial the child's best interests or if the child does not require additional staff time that would take away from the other children's care.

_____ I authorize the XCS Child Care Programs to use any photos taken of my child for promotional purposes, including
Initial web pages, cover issues, brochures, or flyers to promote Xavier Catholic Schools.

_____ I have read XCS Child Care Program Handbook.
Initial

I understand by signing this agreement, I agree to all the conditions listed above and with the XCS Care Programs policies

Parent/Guardian _____
(Signature) Date

Xavier Middle School

Care Program Registration 2023-2024

| | | | | | | |
|--|-------|----------------|--------------------------|--------|----------|--|
| Family Last Name | | | School(s) | | | |
| Child's First Name | | Grade | Male | Female | Birthday | |
| Eye Color | | Hair Color | | | | |
| Allergy/Medical concern: | | | | | | |
| | | | | | | |
| Child's First Name | | Grade | Male | Female | Birthday | |
| Eye Color | | Hair Color | | | | |
| Allergy/Medical concern: | | | | | | |
| | | | | | | |
| Child's First Name | | Grade | Male | Female | Birthday | |
| Eye Color | | Hair Color | | | | |
| Allergy/Medical concern: | | | | | | |
| | | | | | | |
| Parent/Guardian Information | | | | | | |
| Mother's Name | | | Father's Name | | | |
| Address | | | Address | | | |
| City | State | Zip | City | State | Zip | |
| Phone: h: | w: | c: | Phone: h: | w: | cell | |
| <i>Do not write same</i> | | | <i>Do not write same</i> | | | |
| Email: | | | Email: | | | |
| Child lives with: Both Mother Father 50/50 Guardian | | | | | | |
| Medical/Insurance Information | | | | | | |
| Physician: | | Phone: | | | | |
| Dentist: | | Phone: | | | | |
| Insurance Company: | | Policy Number: | | | | |
| <u>Emergency Contacts</u> | | | | | | |
| Name: | | Phone: | | Cell: | | |
| Name: | | Phone: | | Cell: | | |
| Name: | | Phone: | | Cell: | | |
| <u>Authorized for Pick Up</u> | | | | | | |
| Name: | | Phone: | | Cell: | | |
| Name: | | Phone: | | Cell: | | |
| Name: | | Phone: | | Cell: | | |
| <p>The above information is correct and the child (ren) listed have permission to engage in all activities noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the Xavier Catholic Schools Care Program Coordinator or his/her designee to secure emergency medical services including transportation and a physician. I also give permission to the attending physician to order Injection, anesthesia or surgery for my child (ren) named above in the case of an emergency and I cannot be reached. I release from medical responsibility and liability the hospital, medical authorities, physicians and St. Francis Xavier Catholic Schools (XCS) Care Program staff for performing medical procedures acting on my authority of this medical treatment consent form which are deemed necessary for my child (ren)/ Furthermore, I release XCS Care Program staff from liability of any injuries that may occur.</p> | | | | | | |
| Signature of Parent/Guardian _____ | | | | | | |