



Sharing the Love of the Heart of Christ!

Saint Rocco School

931 Atwood Ave. • Johnston, RI 02919

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A ROMAN CATHOLIC SCHOOL

2023~2024 Extended Day Program

Phone Number: 401.944.2993 Ext:114

Welcome to St. Rocco School Extended Day Program.

The following information should answer any questions you may have concerning our program, policies and objectives.

We want the children enrolled in the program to feel comfortable and relaxed. We want working parents to feel confident that their children are being cared for in a warm, caring, and safe environment.

Our program is very flexible and can be tailored to meet the needs of each family. Please contact the School Office to discuss any questions you may have about our program.

Hours and Fees

The St. Rocco School Extended Day Program will operate only on days when school is in session. Service will be provided to students from PreK3 to Grade 8.

- **Before care will start at 7:15am and end at 7:55am.**
- **After care will start at 2:30pm and end at 5:00pm.**

We will follow the school calendar. Cancellation of school due to inclement weather will be broadcasted on radio stations WPRO FM and COAST93.3 as well as TV stations FOX, Channel 10, 12, and 6. If there is no school in Johnston, we will not be in session.

- **There will not be Before School Care if there is a delayed opening of school.**
- **There will be no After School Care on early dismissal days.**

Our Extended Care Program will provide professional care, recreation and academic/homework support. Fees are the sole support of the St. Rocco School Extended Care Program; it is not subsidized by the school or parish. Since this program is self-sufficient, it is imperative that all fees be paid on time.

Policy Regarding the Receipt of Payment

The billing period for extended care will be from Monday – Friday. You will receive a bill in your child's Thursday Packet. Payment is due by the following Wednesday. **Please place your payment in an envelope, clearly labeled "Extended Care", your child's name and grade. Payments are to be submitted to the classroom teacher during homeroom.** Preferred method of payment is check. Non-payment by due date will result in a \$10.00 late fee and possible exclusion of your child/ren until payments are up to date.

Please make checks payable to: St. Rocco School. The hourly rate is \$6.00 per hour. Students in Grades 5-8 who stay for Subject Night will be charged \$6.00 if they stay until 3:30 and \$9.00 if they stay until 4:00. Any additional time after 4:00pm for Grades 5-8 will be charged at \$6.00 an hour.

Parental Responsibilities – Emergencies/Safety

With the children's safety and well-being in mind, it is most important that the parent fills out the attached Emergency Form and adheres to the instructions given. Please return this form to school prior to your child attending. You must keep your child's *Emergency and Signature Release Information* current at all times.

Students are not permitted to participate in our program without these completed forms.

Parents must supply to the School Office copies of custody and restraining orders which may be in effect. One of the most important regulation concerns is when the child leaves the premises of the Extended Care Program. Please read the following rules and regulations as they apply to our program:

- Children will not be released to parents, guardians, etc. who appear to be under the influence of drugs or alcohol.
- Parents or guardians should not send persons whose signatures are not on the Signature Release Form to ask for the release of a child. For the child's safety, release will not be granted. In special circumstances a parent or guardian may arrange for such pick-up by sending written authorization to the Principal. A photo identification will be required before a child is released.
- Another area of concern related to the child's welfare is the matter of telephone messages. Parents may wish to telephone the program asking that their child be directed to go to various places after school. As there is always the possibility that a person other than the parent might telephone, such requests will not be granted.
- With the same potential problem in mind, our staff will not accept a telephone request to call a cab for a child.

Drop Off

- As all doors to the school are locked, parents or guardians please **ONLY** use the side Day Care door by Café Rocco for Drop Off. Please ring the bell and someone will meet your child at the door. There is a clearly marked sign indicating "Extended Care" above the bell.

Pick Up

- Students in PreK 3 and PreK 4, as well as Grades 5-8, being picked up anytime between 2:30-4:00 will be dismissed by the office through the front doors. These students who stay beyond 4:00, should be picked up by the side Day Care door by Café Rocco.
- Students in Grades K-4 should only be picked up at the side Day Care door by Café Rocco.
- **A \$10.00 fee will be charged for any child picked up after 5:00PM.**

Any child attending daycare needs the required paperwork on file. This form may contain different contact information other than that on file in the main office. Also, any parent wishing to send their child to daycare must send in a note with your child.

Illness and/or Accident

Medication – The administration of all medicines and drugs by the Extended Care Program staff **is strictly prohibited**. Any requests to administer medication of any kind must be handled through the school office or nurse. Please do not place medications in your child's lunch box or backpack. All medication must be kept in the nurse's office.

Injuries – Extended care staff will provide parents with a written record of any injuries that occur during extended program times. In the event of an accident or sudden illness, we will make every effort to carry out the instructions as given on the Emergency Form. If instructions given cannot be followed at the time of the emergency, the staff will act according to their best judgment for the welfare of the child.

Parents will be expected to make provisions for taking sick children home.

TYPICAL DAILY ROUTINE

- Attendance & Prayer
- Snacks ~ **Snack and beverages for your child MUST BE PROVIDED BY THE PARENT.** No snacks with nuts are allowed. If your child has another food allergy, and cannot be near someone who is eating that particular snack, you must immediately notify the staff so that your child will not sit next to that particular child.
- Homework ~ There will be a study/quiet period for students to accomplish homework assignments. It is the student's responsibility to acknowledge his/her homework assignment and to use this time appropriately. Teachers will be available for assistance.

SUBJECT NIGHT: MIDDLE SCHOOL STUDENTS IN GRADES 5-8

Students in Grades 5-8 will be able to attend After Care each day in a "Subject Night" format from 2:30-4:00. Students will be able to stay any night for the subject they need help with. Each day will be assigned a different subject. If a student is not looking for extra help, they can stay and the environment will be homework and academic focused. Students in Grades 5-8 who stay for Subject Night will be charged \$6.00 if they stay until 3:30 and \$9.00 if they stay until 4:00. Any additional time after 4:00pm for Grades 5-8 will be charged at \$6.00 an hour.

At 4:00, any students needing to stay later will join the other After Care students in Café Rocco until they are picked up. Our Middle School teachers will be running this program.

Middle School Daily Afternoon Subject Schedule:

Monday: Social Studies and Religion ~ Mrs. Reitz

Tuesday: Science ~ Mrs. Montecalvo

Wednesday: Math ~ Miss Northridge

Thursday: ELA/Lit ~ Miss Tripp

Friday: Middle School Detention/No Subject Night

MISCELLANEOUS

- Toys from Home – Students may bring a toy from home to play with during extended care.
- Cell Phones – Cell phones are not allowed at Extended Care. They are to be picked up in the office upon leaving.

EXPECTATIONS OF CHILDREN'S BEHAVIOR/ DISCIPLINE CODE FOR EXTENDED CARE

As members of a Christian and caring community, the children will be expected to respect the staff, each other, the materials, and the environment provided to them. They must **never** leave the building without the direction of their teacher or School Office.

As this program is an extension of the school day, all students attending are expected to adhere to the rules and policies set forth in the Parent/Student Handbook.

TERMINATION

Services may be terminated by the school principal after consultations with the staff. Such cancellations will be given with one week's written notice. Examples of cancellations may be:

- Chronic late pick-up of child
- Non-payment of fee
- Failure of the adult or child to respect the safety and rights of other individuals in the Extended Day Program.

We hope this information answers any questions you may have regarding our program. Please feel free to contact us at any time if any questions or concerns arise. We look forward to working with you to ensure your child's well-being.

Respectfully,

*Ms. Regina Hand
Principal*

Rev. 8/24/23 RMH

EXTENDED CARE EMERGENCY FORM

2023-2024 SCHOOL YEAR

Student's Grade _____

STUDENT'S LAST NAME FIRST NAME BIRTHDATE

HOME ADDRESS CITY/TOWN TELEPHONE

PARENTS' BUSINESS ADDRESSES AND PHONE NUMBERS

MOTHER'S LAST NAME, FIRST NAME BUSINESS & ADDRESS

MOTHER'S WORK PHONE MOTHER'S CELL PHONE

FATHER'S LAST NAME, FIRST NAME BUSINESS & ADDRESS

FATHER'S WORK PHONE FATHER'S CELL PHONE

In the event of illness or accident, and when I cannot be reached, I wish one of the following people to be notified by telephone. They are authorized to act in my absence, and they have signed their name below. They may release my child from the Extended Day Program.

I understand that if an individual's name does not appear on this form, they cannot release my child/children from the Extended Day Program. Only individuals named below may be granted permission to release my child/children.

1. _____
NAME (PRINT) ADDRESS HOME PHONE

SIGNATURE CELL PHONE WORK PHONE

2. _____
NAME (PRINT) ADDRESS HOME PHONE

SIGNATURE CELL PHONE WORK PHONE

3. _____
NAME (PRINT) ADDRESS HOME PHONE

SIGNATURE CELL PHONE WORK PHONE

I wish any one of the following doctors to be notified:

DOCTOR'S NAME ADDRESS CITY/TOWN TELEPHONE

DOCTOR'S NAME ADDRESS CITY/TOWN TELEPHONE

SPECIAL INSTRUCTIONS: ALLERGIES - FOOD ALLERGIES - CHRONIC ILLNESSES - MEDICATIONS

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____