**Holy Rosary Academy**

Extended School Care Program

615 883-9047

190 Graylynn Drive

Nashville, TN 37214

**Extended School Care Policy**

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| **Eligibility**: Students must be enrolled at Holy Rosary Academy. |
| Fees: $50 family enrollment fee must be paid along with the signed ESCAPE policy sheet. Information form must be completed with emergency names and numbers. |
| ***Fees are to be paid weekly.***  **If the account falls more than four weeks behind, enrolled children on the account will not be eligible to attend ESCAPE. Also the Academy might put a hold on the student’s account.**  **There is a $30 returned check fee.** |
| * If at any time you wish to withdraw from the program, please give a written notice stating when this will happen and pay all payments that are due. |
| * ESCAPE is closed during all school holidays, parent conference day, and breaks. Dates are listed on the school calendar**.**     **ESCAPE Fees and Hours**  **Registration Fee: $50 per family**  **Mornings only 6:30-7:15 a.m. (per week for K-8)**  1 child-$15 0  2 children- $25  3 children- $30  **Afternoons Only 3:00-6:00 P.M. (per week for K-8)**  1 child-$50  2 children- $75  3 children- $95    **Pre-K Afternoons 3:00-5:30 P.M. (per week)**  1 Child-$60  2 children-$85    **Mornings and Afternoons (per week) Drop in rate (Less than 3days)**  Grades K-8 $5 per morning per child for K-8  1 child-$60 $20 per afternoon per child for K -8  2 children- $90 $25 per afternoon per child for Pre-K  3 children- $110 |
| Children can be cared for ONLY during the hours stated above. Regardless of the reason, when a parent picks up a student after 6:00 p.m. (5:30 for Pre-K), there will be a **$2.00 per minute** **per child** late fee. **On the 4th late pick up the child(ren) will not be eligible to attend the ESCAPE program for the remainder of the school year.** |
| **Illness** |
| If a child becomes ill at the program, parents will be called to pick up the student. **Parents must pick up their child immediately after receiving the call due to health regulations.**  \***Bathroom Accidents**: Staff will assist children with wet accidents, but for any other bathroom accidents (BM), you will be called to come and take your child home. Your child may return to ESCAPE the following day. This is for health and sanitary reasons.  **Emergencies** |
| Each parent is responsible for keeping the emergency information listed on the child’s registration sheet current. **This includes all work, cell, and home phone numbers.** It is imperative that the staff be made aware of any emergency conditions. In case of an emergency at school, if none of the persons listed on the card can be reached, the child will be taken to Summit Hospital for treatment (at your expense). |
| **Outdoor Play** |
| The children will go outside every day except in extreme weather. **Please dress children accordingly. Children must have a jacket or coat on cool and cold weather days. Please keep in mind the weather may be forecasted to change during the day.** |
| **Daily Activities**  A snack will be provided each day after attendance has been checked. Children may bring their own snacks. Grades 3-8 will have supervised homework time Monday through Thursday. **Children may change into tennis shoes for outside play, but they may not change clothes.**  **Communications** |
| No verbal messages should be sent by a child. A written note, email, or phone call should be used if communication between parent and staff is necessary. If a situation should arise and you need to speak to a staff member, please do so immediately by contacting the staff member who was on duty at the time of the situation. |
| **NEVER PICK UP YOUR CHILD WITHOUT THE STAFF’S KNOWLEDGE. SIGN OUT EACH DAY.**    **Liability** |
| Liability for acts of the child while he is under the care of ESCAPE is the parent’s responsibility. The program will exercise reasonable care and judgment in all matters related to the welfare and safety of the child. The program is not liable for accidents or illnesses occurring to the child while he/she is in ESCAPE’s care.    **Discipline**  Positive methods of discipline will be used to encourage acceptable behavior. When a child’s behavior causes a problem, the staff will discuss the behavior with the student. If necessary, the child will be removed from the group for time out. If the problem continues, the parent will be contacted. **If a child is causing physical harm to another child or staff member, his or her parent will be contacted and will be required to pick up the child immediately**. **Any child(ren) with continued harmful or disruptive behavior will not be eligible to attend the ESCAPE program for the remainder of the school year.**  **Program’s Responsibility** |
| In return for the sum which the parent agrees to pay, the program will give regular care to the child during the previously listed times. The program will notify the parents of illnesses or exposure to contagious diseases. The program will exercise reasonable care and judgment in all matters related to the safety and welfare of the child. The program will treat your child as a person worthy of the dignity and respect God bestowed upon him in creating him/her.  **Tuition Policy** |
| **If Holy Rosary Academy tuition fees are not kept current, the student will not be permitted to attend the extended school care program (ESCAPE).** |

**ESCAPE Statements**

* **You can view your statement, which includes billing and payments when you log in to your FACTS account as a parent. Click on Family Information and then Family Billing should show your bill. Clicking on the details button, will show you a breakdown of all your charges and payments.** 
  + **Login to Renweb > go to**Family**>**Family**Home > In the box of**Family**Billing, you should see the Escape Balance.**
* *Rates cannot be divided by days attending.  If you do not pay full-time rate, you must pay $20 per day for days used.*

***\*\*We reserve the right to amend the policy as need arises. You will be given ample notice of such changes.***

**Print, sign, and return this registration page to acknowledge you have read and agree to the ESCAPE policies**

* *As a parent or guardian, I have read the policy and agree to follow the guidelines.*
* *I will keep my emergency and information sheet up to date.*
* *I understand my child must be picked up by 6:00 pm (5:30 for Pre-K). After 4th late pick up my child(ren) will not be eligible to attend the ESCAPE program for the remainder of the school year.*
* *I will keep my payments current. Fees are expected to be paid weekly. If the account falls more than four weeks behind, enrolled children on the account will not be eligible to attend ESCAPE.*

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| Enrolled Child’s Name | Grade |
| 1. |  |
| 2. |  |
| 3. |  |

***Parent or Guardian’s Name (please print) Cell/ work/ home phone numbers***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Emergency Contact’s Name Phone number***

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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