

St. Fabian Kids Club



2018-2019 Application and Handbook

Your child must be registered to participate in the program

In order to register, the following forms are required to be completed and on file with Kids Club (included in this packet):

- Kids Club Registration Form
- Notification of Written Information Packet/Licensing Notebook and Kids Club Agreement
- Student Health Statement
- Child Information Record (one for *each* child and please note that *every box* must have an answer)
- If applicable, student medication form and any medications. These forms are available in the school office.

Kids Club Registration Form



2018-2019

Kids Club Billing & Fees

- Non-Refundable Registration Fee of \$50 per family
- Families using the A.M. Kids Club will be billed a 1 hour flat rate charge of \$8.00 per child
- Families using the P.M. Kids Club will be billed by the minute at the rate of \$8.00 per hour per child. There are overtime charges of \$1.00 per minute for any child picked up after 6:00pm. Repeated practice of late pick up can result in exclusion from the Kids Club program.
- All billing/payments will be processed through F.A.C.T.S. Tuition Management System and are payable within 10 days of receipt. Any late payments will result in a \$15.00 late fee.

Kids Club Hours

- Morning Program - 7:00am-7:55am
- Afternoon Program - 3:05pm (dismissal) - 6:00pm
- Kids Club follows the St. Fabian Catholic School calendar and is not available on half days of school, school vacations, snow days, school closings, and summer months.

Enrollment

(Name of child)

(current grade)

(Name of child)

(current grade)

(Name of child)

(current grade)

(Name of child)

(current grade)

Kids Club will need an approximate weekly schedule of when your child will be attending. Attendance is taken daily.

- Please indicate the days your child will attend: **M**_____ **T**_____ **W**_____ **TH**_____ **F**_____
- Please indicate the date your child will START the St. Fabian Kids Club Program _____

Notification of Written Information Packet/Licensing Notebook and Kids Club Agreement



Notification of Written Information Packet/Licensing Notebook

I certify that St. Fabian Kids Club has provided me with a written information packet/handbook that includes the following: Admission/Withdrawal Criteria, Daily Routine and Schedules, School Policies including: fee, discipline, food service, and student absences/illnesses, Program Philosophy, and Parent Notification Plan for accidents, injuries, incidents, and illnesses. Furthermore, I am aware that the following information is posted in the center: State License, Discipline Policy, Accident/Injury/Emergency Procedures, Statement of Staff/Volunteer Clearances and Background Checks, Daily Routines, and Safety Recalls.

In addition, it was made known to me that I can access St. Fabian Catholic School's licensing notebook in the preschool classroom during regular business hours. This notebook is complete with all licensing inspection reports, special investigation reports, and all related corrective action plans. Licensing inspection and special investigation reports from the past two years are available on the Bureau of Community and Health Systems website.

Kids Club Agreement

I have read and reviewed the St. Fabian Kids Club Parent Handbook with my child (attached to this packet). We understand what has been written and agree to abide by the policies of Kids Club. I have read and agree to all fees and policies as described on this application and in the Kids Club Handbook.

I certify, per the Department of Human Services and State Licensing Ruling (R400.8170), that I have been informed of Kids Club's plans to use the outdoor playground equipment located on St. Fabian Catholic School's grounds. I understand that it is not included in the safety inspection of a certified playground safety inspector but is approved and regulated under the Michigan Department of Education and therefore exempt for school-age children in grades K-8.

Names of All Children Enrolled _____

Parent's Name (First and Last) _____

Parent's Signature _____ Date _____



St. Fabian Kids Club Student Health Statement

Please complete the information below for each child that is enrolled in St. Fabian Kids Club:

- I certify that my child, _____, is in good health,
With any activity restrictions noted as follows:

_____.

I also certify that my child's immunizations are up to date and all records (or appropriate waivers) are on file at St. Fabian Catholic School.

- I certify that my child, _____, is in good health,
With any activity restrictions noted as follows:

_____.

I also certify that my child's immunizations are up to date and all records (or appropriate waivers) are on file at St. Fabian Catholic School.

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With any activity restrictions noted as follows:

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I also certify that my child's immunizations are up to date and all records (or appropriate waivers) are on file at St. Fabian Catholic School.

Parent Name (please print)

Parent Signature

Date

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:	Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)			Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State Zip Code
Parent/Legal Guardian's Name	Home Phone ()	Parent/Legal Guardian's Name (Optional)	Home Phone ()
Home Address (if not child's address)	Cell Phone ()	Home Address (if not child's address)	Cell Phone ()
City	State	Zip Code	City State Zip Code
Email Address (optional)		Email Address	
Employer Name	Work Phone ()	Employer Name	Work Phone ()
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)			
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)			

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)		
1.	()	()
2.	()	()
3.	()	()
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)		
1.	()	2. ()
3.	()	4. ()

Parent/Legal Guardian Initials:	
_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care.	

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.	
Signature of Parent or Guardian _____	Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation	

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For Provider Use Only:	Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)			Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State Zip Code
Parent/Legal Guardian's Name	Home Phone ()	Parent/Legal Guardian's Name (Optional)	Home Phone ()
Home Address (if not child's address)	Cell Phone ()	Home Address (if not child's address)	Cell Phone ()
City	State	Zip Code	City State Zip Code
Email Address (optional)		Email Address	
Employer Name	Work Phone ()	Employer Name	Work Phone ()
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)			
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)			

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Parent/Legal Guardian's Name	Home Phone ()	Parent/Legal Guardian's Name (Optional)	Home Phone ()
Home Address (if not child's address)	Cell Phone ()	Home Address (if not child's address)	Cell Phone ()
City	State	Zip Code	City State Zip Code
Email Address (optional)		Email Address	
Employer Name	Work Phone ()	Employer Name	Work Phone ()
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)			
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St. Fabian Kids Club Handbook



*"Our mission at St. Fabian Catholic School is to follow Jesus' example through **S**trength in academics, **T**rustworthiness, and **F**aith in Christian Values."*

INTRODUCTION

St. Fabian Kids Club is a licensed child care center approved by the State of Michigan and created to meet the needs for a school-based child care within our community. It is a self-supporting program aimed at providing a supervised and safe environment before and after school for the students of St. Fabian.

Activities and resources available are developmentally appropriate and enhance physical, intellectual, social and emotional growth. In addition, adequate outdoor time is provided for gross motor development and quiet time is available for homework and reading. The opportunity to be with friends in a supervised program benefits children and offers parents a safe, practical solution for extended day childcare. Below you will find specific Kids Club policies as well as reference to the St. Fabian Catholic School Handbook which is also applied to Kids Club.

BILLING & FEES

- Non-Refundable Registration Fee of \$50 per family
- Families using the A.M. Kids Club will be billed a 1 hour flat rate charge of \$8.00 per child
- Families using the P.M. Kids Club will be billed by the minute at the rate of \$8.00 per hour per child. There are overtime charges of \$1.00 per minute for any child picked up after 6:00pm. Repeated practice of late pick up can result in exclusion from the Kids Club program.
- All billing/payments will be processed through F.A.C.T.S. Tuition Management System and are payable within 10 days of receipt. Any late payments will result in a \$15.00 late fee.

ADMISSION

Registration for Kids Club is required each year. Registration is mandatory prior to participation in the program. Each family will pay a non-refundable registration fee and complete the required forms that are listed (and included) in the Application Packet.

WITHDRAWAL

Should your family decide to withdraw from Kids Club, the school office must be notified of the withdraw and all financial obligations are to be settled.

ATTENDANCE

A staff member will record all children in attendance and their start time on a daily basis. Upon pick up, parents must come in to the building to sign their child out. Children may not sign themselves out for any reason. All adults who pick up children must be listed on the Child Information Record and ID may be required at time of pick-up to verify identification.

Should your approximate weekly schedule change at any time during the year please be sure to notify Kids Club and your child's homeroom teacher of the change so we know where children are expected to go after school.

PARENT NOTIFICATION PLAN FOR ACCIDENTS, INJURIES, INCIDENTS, & ILLNESSES

If a child experiences an accident, injury, or incident a parent will be notified of the situation by telephone or in person upon pick up. In addition, if a child becomes too ill to remain at Kids Club the parents will be contacted to pick up their child. In any of the above situations, if a parent cannot be reached, the contacts indicated on the emergency card will be notified. Detailed information on this policy can be found on page 3 and 13 of the St. Fabian Student Handbook.

CALENDAR/SCHEDULE

- Morning Program - 7:00am-7:55am
- Afternoon Program - 3:05pm (dismissal) - 6:00pm
- Kids Club follows the St. Fabian Catholic School calendar and is not available on half days of school, school vacations, snow days, school closings, and summer months.

SNACK

Students are to bring their own healthy snack. No glass bottles or sodas are allowed.

OUTDOOR PLAY/GYM

Please send your child with appropriate clothing for outdoor and recreational play and put names on everything. Children will go outside whenever possible and weather permitting. The amount of time spent outdoors will vary. In addition, if available, children will use the gym for play. We plan to use the outdoor playground equipment located on St. Fabian Catholic School's grounds. Per the Department of Human Services and State Licensing Ruling (R400.8170), it is not included in the safety inspection of a certified playground safety inspector but is approved and regulated under the Michigan Department of Education as it is part of a K-8 building.

BEHAVIOR MANAGEMENT POLICY

The staff at Kids Club will provide positive guidance methods, which encourage self-control, direction, self-esteem, and cooperation. In the event that specific discipline issues involving a child were to become a disruption to the running of the program, the St. Fabian Catholic School Discipline Policy and Rubric will be enforced. Please see the STF Student Handbook for detailed information. *NOTE: Administration reserves the right to exclude students from the Kids Club program at any time based on the severity of the situation.*

STAFF

All Kids Club staff have passed all state required background checks. Staff members may not transport children to or from any St. Fabian programs. Parents are responsible for their children arriving and departing from Kids Club.

MEDICATION

If you request Kids Club to administer medicine to your child(ren), you must comply with the school medication policy. Furthermore, you agree to hold St. Fabian Catholic School's Kids Club, and all affiliated organizations, employees, agents, and representatives, including volunteers, harmless from any and all claims, including negligence, arising out of this administration of medicine. Medication forms/policies are available upon request/as needed.

ALL SCHOOL POLICIES

All other school and related policies can be found in our St. Fabian Catholic School Handbook which is available at our school website.

CONTACT INFORMATION

Kids Club can be reached by email at kidsclub@stfabian.org, by contacting the school office by phone at 248-553-2750 between the hours of 7:30am-3:15pm, or if it is an emergency/change of plans from 3:05pm-6:00pm Kids Club can be reached at 248-553-2750 (press 2 for Kids Club).

