

St. Dunstan Catholic School  
**Extended Day Care Program (EDC)**  
 1150 Magnolia Avenue  
 Millbrae, CA 94030  
 (650) 697-2231

## PARENT INFORMATION SHEET

**LOCATION:** Parish Center

**ELIGIBILITY:** This program is open to any child enrolled in St. Dunstan Catholic School. However, parents must enroll their child individually with the EDC by filling out the Registration Form.

**PROGRAM HOURS:** The EDC is open from 7:30 a.m. to 9:00 a.m. and from 12:00 noon until 6:00 p.m., Monday through Friday, except the minimum days preceding Parish Festival, Thanksgiving, Christmas, Easter, and summer vacation. EDC is closed on holidays and during vacation periods. EDC will be closed on the first and last day of school, the Women's Club Halloween Party, Halloween, Grandparents' Day, and the end of the year picnic. Extended Care is not available for kindergarteners after their graduation as they are dismissed right after the ceremony. STUDENTS ON SCHOOL GROUNDS BEFORE 7:45 a.m. OR 15 MINUTES AFTER DISMISSAL WILL BE SENT TO EXTENDED CARE. Families will be billed for services. Failure to pick up your child at 6:00 p.m. will result in a \$2.00 charge each minute after 6:00 p.m. per child. This charge is due immediately to staff member on duty. There will be a \$5.00 charge for a child absent from a scheduled day without notice. Please call and leave messages at (650) 697-2231 or (650) 697-8119.

**EXTENDED CARE FEES:**

Registration Fee (per family) due on August 3, 2009	\$50.00
More than 10 hours per month (per child)	\$ 4.50 per hour
10 hours or less per month (per child)	\$ 5.50 per hour (1/2 hour minimum)
Late pick up Fee, after 6:00 p.m. ( per child)	\$ 2.00 per MINUTE
<i>(*Fee is due immediately to extended Care Staff member on duty. Continuous late pickups may result in your child/ren being removed from Extended Care.)</i>	
Absent Fee (per child)	\$ 5.00
<i>(* \$5.00 charge per day for child/ren absent from scheduled day without prior notice.)</i>	
Late Payment Fee (per family)	<b>\$ 25.00</b>
<b>(*Fee is charged for payments received after the 15<sup>th</sup> of the month)</b>	

Return check fee of \$25.00 will be charged for any returned checks and further EDC payments must be paid by cashiers check or money order. Fees will be billed on an "as used" basis. Fees will be calculated at the close of every month, and bills for EDC service will be distributed by the 5th of the following month. Fees are considered delinquent if not paid by the 15th of the month. Families who are habitually delinquent with payments may be asked to withdraw from EDC. Families will be held responsible for attorney fees and collection of costs as necessary for collection of any amount not received when due.

**EXTENDED CARE STAFF:**

Director: Mrs. Mary Anne Anderegg  
 Aides: Ms. Lettie Santa Cruz  
 Ms. Melba Conde  
 Ms. Suzanne Tapia  
 Ms. Alexandra Liu

## **PARENT INFORMATION SHEET**

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### **DISCIPLINE**

Children are expected to follow the basic rules of the school, outlined in this Handbook. All rules and regulations for discipline are in effect for the EDC, and students will be held accountable for them. In addition, the EDC also has a few guidelines for which the students are responsible:

- Courtesy and order will be maintained during study/game/snack time, and students clean up after themselves
- Stage area and piano are off-limits at all times
- All EDC materials/equipment are to be treated with respect and care
- Nothing is to be thrown against the windows or walls

### **POLICIES AND PROCEDURES**

The following policies and procedures are listed below and full support and cooperation is expected from our EDC families:

- Children arrive at EDC located in the Parish Center. Staff member signs in each child.
- When a child is dismissed, only the parent/legal guardian can sign out his/her child. Any authorized adult relative or neighbor may sign out a child if this person is registered on the Extended Day Care Emergency form.
- A photo ID is required when picking up a child.
- In the event of an emergency, children may be released to the parent/s or to a designated adult authorized by the parent/legal guardian.
- Parents may use the EDC Program on a Drop-in basis. Parents call the EDC (650-697-2231) or the school (650-697-8119) in the morning and notify the staff. Drop-ins must be in EDC by 3:15 p.m. unless otherwise prearranged by the parents and EDC staff.
- It is the responsibility of the parent to see that students are picked up by the designated closing time at 6:00 p.m. After 6:00 p.m., the late charge is \$2.00 per minute per child due immediately to staff member on duty.
- All children who come to school before 7:45 a.m. or are in the schoolyard after 3:15 p.m. are sent to the EDC and their parents charged for one full hour.

### **PARENTS' RESPONSIBILITIES**

Parent responsibilities are listed below. Parents' completion of the EDC Registration form signifies their agreement to abide by all the EDC policies, procedures, and practices. Therefore, it is important that parents read everything listed below:

- My child is not allowed to come and go freely from St. Dunstan EDC. A parent or authorized person must accompany the child.
- My student will be checked in each day, and I (or an authorized adult) must sign them out each day.
- I must maintain communication with the program director about my child and keep her informed of any pertinent changes.
- I must notify the Program Director in writing of any daily departure changes. I realize that this is for my child's protection. I will be charged \$5.00 if notice is not given.
- It is my responsibility to notify EDC if I do not receive my statement by the 5<sup>th</sup> of the month so a duplicate can be made.
- Prior to making a bid on a school fundraiser silent action item, any delinquent accounts owed to the school must be paid in full, including money owed to the Extended Care Program. Failure to do so will result in the respective bid being disallowed.
- If a medical emergency arises, St. Dunstan EDC will first attempt to contact the parent. If a parent cannot be reached, St. Dunstan EDC will contact the authorized person indicated on the emergency form. If the emergency is such that immediate medical attention is necessary, 911 will be called and the child most likely will be taken to an Emergency Care Facility. Parents will be responsible for all medical costs incurred except for what is covered by the Student Accident Insurance Program.
- The St. Dunstan EDC will operate on all regular school days, early dismissal days, as well as minimum days preceding vacation periods, except the Christmas Holiday, Parish Festival, Thanksgiving, Easter, and summer vacation. EDC will be closed on the first and last day of school, the Women's Club Halloween Party, Halloween, Grandparents' Day, and the end of the year picnic. Extended Care is not available for kindergarten after their graduation as they are dismissed right after the ceremony. EDC will not be open on school holidays or during major vacations.
- The school will notify parents of any schedule changes or changes in the program through the school website.

**\$50 REGISTRATION FEE DUE ON AUGUST 3, 2009**

St. Dunstan Catholic School  
**Extended Day Care Program**  
1133 Broadway Avenue  
Millbrae, CA 94030  
(650) 697-2231

**2009 – 2010 Registration Form**

Family Name		Home Telephone Number	
Complete Home Address			
Child's Name		Date of Birth	Grade
Child's Name		Date of Birth	Grade
Child's Name		Date of Birth	Grade
Father's Last Name		First Name	Employer
Cell Phone Number	Work Number		Home Number (if not the same as above)
Mother's's Last Name		First Name	Employer
Cell Phone Number	Work Number		Home Number (if not the same as above)

**EXTENDED CARE SCHEDULE**

(Please complete am/pm drop off time/pick-up time)

	AM/TIME	PM/TIME
<b>MONDAY</b>		
<b>TUESDAY</b>		
<b>WEDNESDAY</b>		
<b>THURSDAY</b>		
<b>FRIDAY</b>		
<b>DROP IN</b> (Drop in schedule needs to be phoned into Extended Care)		

Please indicate the date child/ren is/are expected to start using Extended Care Services: \_\_\_\_\_

## MEDICAL RELEASE FORM

In the event of an illness or injury, I hereby consent to whatever x-ray examination, anesthetic, medical, surgical, dental diagnosis, or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of as member of the medical staff or the hospital or facility furnishing medical dental services.

Child's Name	Physician's Name	Physician's Phone Number
Please list any special Medical information (i.e., medication, allergies or special needs)		
Child's Name	Physician's Name	Physician's Phone Number
Please list any special Medical information (i.e., medication, allergies or special needs)		
Child's Name	Physician's Name	Physician's Phone Number
Please list any special Medical information (i.e., medication, allergies or special needs)		

In the event of a medical emergency, please provide us with the name and phone number of whom to contact in the event that we are unable to contact a parent/guardian.

Name	Relationship to Child	Phone Number
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**Designated person(s) other than parent who may pick up child/ren. (Identification required)**

Name	Phone Number
Name	Phone Number

If a court order prohibits our release or your child to the non custodial parent, a copy of the court order must be on file in our office.

Name of adult specifically prohibited from picking up my child: \_\_\_\_\_

I/We, the undersigned, fully understand the students are to abide by all rules and regulation governing conduct and safety while attending the extended care program. Any violation of these rules and regulation may result in that individual being sent home or remove from the program. I/We also acknowledge that I/we have received a copy of the Parent Information Sheet and agree to the terms and conditions set forth by EDC. I/We further agree to indemnify and hold harmless St. Dunstan Catholic School and the Archdiocese, and all of the agents, employees, consultants (paid or volunteers) from any loss or liability arising out of their extended day care program as such loss or liability related to the child/children covered by this contract.

Father: \_\_\_\_\_

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

Mother: \_\_\_\_\_

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

**PLEASE TURN IN THIS FORM ON OR BEFORE AUGUST 3, 2009, TOGETHER WITH YOUR REGISTRATION CHECK OF \$50.00**