Magdalen Extension Program
Service Statement

Morning Hours: 7:00 a.m.- 7:35 a.m.
Afternoon Hours: 3:20 p.m.-6:00 p.m.
Phone: 634-1572 Ext. 110

Mission Statement
The mission of the Magdalen Extended Care Program is to provide students & families safe, affordable, supervised care before & after school. Students will be expected to model the Christian values of respect, compassion & fairness while in attendance.

Enrollment/Emergency Release
• Please complete one enrollment form for each child. The enrollment form which includes health/emergency information & authorization for pick-up, must be completed before the student’s first day of attendance. The program accepts Magdalen students enrolled in Preschool through 8th grade.

Program Fees
• Enrollment Fee: There is a $10.00 enrollment fee. The fee will be credited to your monthly charges.
• Statements will be available in the cafeteria the first week of each month. Statements left on Friday will be sent home with your student. Failure to pay your fees may result in dismissal from the program. If you are having temporary financial problems, please call the director to make payment arrangements.
• Morning Fee: (7:00 a.m.-7:40 a.m.) 1 child - $1.55,
Families with 2 or more children - $1.55 per morning/per child.
• Afternoon Fee: (3:20 p.m.-6:00 p.m.) Billed in half hour increments. 1 child - $1.55 per half hour.
• Reduced Rates: Students who qualify for free/reduced lunches may apply for a reduced fee with proof of meal status.

Morning Program
• The morning program begins the first day of school and ends the last full day of school. Students should be dropped off near the Parish Hall. The door nearest the cafeteria will be unlocked for the students.
• Please DO NOT DROP OFF STUDENTS BEFORE 7:00 a.m. Abuse of this policy may result in the loss of program privileges.
• Students will sit quietly in the Morning Program. They may read a book, play cards, complete homework or visit with friends. Students are dismissed at 7:35.

Afternoon Program
• Students who attend the Afternoon Program must report immediately to the cafeteria for check-in. They are not allowed to go outside or to any other room prior to sign-in.
• Upon arrival, students are asked to put their book bags on the floor at the north end of the cafeteria. The students then line up & check in. Students may play quietly at their assigned table until check-in is finished.
• After check-in, activities include snack, playtime (outside, weather permitting), crafts and study time.
• After a snack, a mandatory study hall is held for grades 5 through 8, starting at 3:45 and ending at 4:15.
• The outside door nearest the cafeteria will be unlocked from 3:00 a.m.-6:00 p.m.
• Parents are required to come in the cafeteria & sign out their child. Parents must initial the sign-out form.
Late Pick-Up

- Please contact us in the event of a late pick-up. After 6:00 p.m. a late fee of $5.00 per 5 minutes will be charged.

Emergencies

- Fire: Students will exit the building through the closest designated fire exit.
- Flood: Students will exit outside & move to higher ground.
- Injury: Parents will be notified. In the event of an emergency, the student will be escorted to the nearest hospital.
- Storm: Students will stay inside & away from the windows.
- Tornado: Students will walk to the storage room (north of the cafeteria) and stay until "all clear" is signaled.

Emergency Information

- The program phone number is 634-1572 Ext. 110.
- The first aid kit is used for minor emergencies.
- Parents will be notified of serious injuries. In the event of a serious injury, and the parents cannot be reached, the supervisor will call the student's physician & follow the physician's instructions.
- If emergency care is needed, a supervisor will accompany the student to the hospital. The emergency release form will be given to the hospital. The supervisor will stay with the student until the parent arrives. Serious injuries will be documented & copies will be given to the parent & the school office.
- An accident form will be completed each time a child is injured at school.

Behavior Expectations

- Students are expected to follow school rules and Extension Program policies. The goal of our behavior expectations is to be sure that we have a safe & orderly environment for all students. Rules are intended to promote Christian principles of conduct, fairness & safety.
- Students who do not follow the rules & policies may be suspended from the program.
- If you have questions about the discipline rules, please refer to the student handbook.
- Cell phones are not allowed. A phone is provided for emergency use. Parents may contact their child by calling 634-1572 Ext. 110.
- The order of the Extension Program discipline policy is:
  1. The student is reminded to control behavior, and his/her parent is notified.
  2. If the behavior continues, there will be a week suspension from the program.
  3. Further behavior problems will result in permanent suspension.

Thank you for your cooperation in helping Magdalen to provide a safe and structured Christian environment for after school care.

Marsha Pauls
Director
Magdalen Extension Program

Enrollment/Emergency Release Form 2019/2020 School Year

One Form Per Child

I hereby appoint Magdalen Extended Care Program staff, of lawful age, as my agent and representative for the purpose of authorizing and consenting to hospital care and/or medical care and treatment of

______________________________________________
First and Last Name of Child

for any illness or injury that may occur while such person is in the care or custody of the agent between the dates of August 1, 2019 and May 30, 2020 while I am away, on vacation, or otherwise not immediately available to give such consent.

Mother’s Name ________________________________________________

Home Phone __________________________ Cell Phone __________________________

Employer __________________________ Work Phone __________________________

Father’s Name ________________________________________________

Home Phone __________________________ Cell Phone __________________________

Employer __________________________ Work Phone __________________________

Emergency Room Information

Preferred Hospital ________________________________________________

Student Name ____________________________________________________ M/F Age_______ Grade ______

DOB __________________________ Date of Last Tetanus __________________________

Child’s Physician __________________________ Physician’s Phone __________________________

Food Allergies __________________________________________ Drug Allergies __________________________

Authorized Persons for Child Pick-Up

In the event that the parent or guardian is unable to pick up their child, list the name, relationship and phone number of those who may do so. Please notify us of any changes.

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Parent or Guardian Signature __________________________ Date __________________________