



Holy Cross CARES Program

Parent/Student Handbook

2020-2021

Holy Cross School

240 North Bishop Avenue

Springfield, PA 19064

610-626-2077

Our building is located directly behind the school on the same property. Please call the number above if you are interested in touring the facility.

CARES...Children Are Receiving Extended Services

Goals of the CARES Program

The Holy Cross CARES Program provides children with a Catholic environment extending the philosophy and values of Holy Cross School into before and after school hours. The mission of the school is found in the Parent/Student Handbook of Holy Cross School. The program serves the children enrolled in the school whose parents work outside of the home. There is a clear academic component, which includes homework time as well as recreation and other activities. Only children enrolled in the school are eligible to be enrolled in a CARES Program.

The Holy Cross CARES Program is staffed by a Director, teachers, and other caregivers. It is under the administration of the Principal. The staff members work together to help each child grow in maturity and self-respect, as well as to maintain an atmosphere where respect and understanding of others is encouraged.

Fees are the sole support of the Holy Cross CARES Program. This school or parish does not subsidize the program.

CARES Guidelines

A. Non-Discrimination Policy

Holy Cross School admits students of any race, color, national or ethnic origin to all of the rights, privileges, programs, and activities generally accorded or made available to students at the school. Holy Cross School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, administration policies, scholarship and loan programs, or athletic and school-administered programs.

B. Binding Effect

These Guidelines exist to foster the efficient operation of Holy Cross School. To meet this objective, the School Administration is given flexibility and the ability to exercise discretion. In appropriate circumstances, the Principal has the discretion to take actions other than those specified in these guidelines.

C. Amendments to Guidelines

The Guidelines are subject to change at any time when deemed to be necessary by the School Administration. If changes are made to these Guidelines, parents/guardians will be notified promptly.

The CARES Director is responsible for checking that only people on the approved pick-up list sign the children out of CARES. The staff members will greet parents and may fill them in on events of the day.

After School CARES

At the end of the school day, children in the CARES Program will report to the space designated for their line so that attendance may be taken. Children will then be walked to the CARES classroom in the Holy Cross Parish Center located behind Holy Cross School. Children may bring a snack with them to enjoy while at CARES. **Cell phones are not permitted to be used during CARES. Students must keep their cell phones in their school bags and not on their person.**

Cost and Fees

You will have two options for the CARES program. You may choose to have your child **drop-in** or on a **permanent schedule**. If you need drop-in care, you may drop-in or pick up at any time within the hours of CARES, but drop-in is not meant to become a regular set schedule. If you need to do a drop-in you should contact the office the morning of. If you select a permanent schedule, then you will have set days and times that are specified by you.

The cost for CARES is as follows **(ALL PRICES ARE):**

After School CARES	\$20.00 Annual Registration Fee per family (this applies to drop-in and permanent weekly schedules) (IF sending during registration period Jan-March please submit \$20 Cash or date your check 7/1/18- will not be cashed until July)
	\$8.00 an hour flate rate per child
Noon Dismissal Days	\$30.00 flat rate
Late Pick-Up Charge	\$15.00 payable immediately for any child picked up after 6:00 p.m.

Your monthly fee, based upon your enrollment in our program, must be paid in advance each month. Each family will receive a calendar where you will mark on the calendar which days you are using CARES and the time of pickup on those days. For example, to pay for the month of October your money and calendar will need to be turned in by the last Monday of September. There will be a \$10.00 charge for checks returned from the bank for insufficient funds.

Pick-Up

A sign-out book is maintained and is to be signed with time and date by the parent/guardian picking up the child. Only those persons listed on the Emergency Contact/Parental Consent Form will be allowed to pick up your child. You will be required to show photo identification until you are well-known to the staff. *Authorized persons for pick up should be at least 16 years old. We will firmly adhere to this policy for the safety and protection of your child/children.

For pick-up, please come to the center entrance of the Holy Cross Recess Yard. You will need to ring the doorbell and wait for a staff member inside to answer and then they will bring your child out to you, where you will sign them out with your signature and the time. For safety reasons no one is allowed to enter the building.

Absence

If your child is absent on his/her scheduled day at After Care tuition for that day is still required.

If your child is absent and will not be attending CARES, we ask that you leave a message at the school office. If your child will not be attending CARES for other reasons, we ask that you notify us in writing in advance to protect your child's security. We regret that we are unable to make refunds for absences, including vacations due to our fiscal responsibility to staff. In order for our CARES program to continue we rely on those regular funds.

Emergency School Closings/Snow Days

When school closes early because of weather or emergency, CARES will also be closed. In this case you will receive a credit for the next month.

Accident/Illness

The safety and well-being of your children is our highest priority. With this in mind, it is most important that parents/guardians thoughtfully complete the Emergency Contact/Parent Consent Form in the registration packet.

In cases that appear to be minor in nature, first aid will be administered on the premises (clean wound and cover with a band aid). Parents who do not wish their children to be treated in any way should indicate this by not signing Consent for Administration of First Aid Procedures on the Emergency Contact/Parental Consent Form. These parents will be called to come and pick up their child.

In cases that appear serious, staff will attempt to reach emergency contact persons listed on the Emergency Contact/Parental Consent Form. In a life-threatening emergency, staff will call 911, then attempt to reach the emergency contact persons. A staff member will remain with your child until a parent, guardian, or other emergency contact person arrives.

Medication Policy

CARES staff will not, under any circumstances, administer any prescription or over-the-counter medications to any child.

Homework

Time for homework will be provided on a daily basis for children in grades 2 through 8. This will give your child the opportunity to begin assignments. It is the child's responsibility to have all of their assignments and books with them. Parents are responsible for checking the child's homework and verifying the completion of written and study assignments. CARES staff will encourage but not

require a child to do homework; however, a child who is not doing homework will need to work on a quiet activity during the homework time.

Personal Items

*Your child's name should be on all personal property: school bags, lunch bags, coats, hats, books, supplies, etc. We cannot be held responsible for lost or misplaced items. The use of electronic devices is discouraged. **Cell phones may not be utilized by students at CARES.** They must be kept in the students' school bags.*

Guardian/Custody

Any parent who is the guardian or has custody of a child is asked to include copies of the Court Decree of Guardianship or any Custody Agreements in your registration envelope so that we may keep that information in your child's file. This documentation will provide the proper protection for both you and your child.

Behavioral Expectations

As members of a caring community, the children will be expected to behave in a manner that shows respect for oneself, the CARES staff, the other children, and the materials and equipment provided. Children may never leave the building or grounds unattended. We support and abide by the Students' Code of Conduct that appears in the Holy Cross School Parent/Student Handbook. As childcare professionals in a Catholic setting, we will address any inappropriate behavior in a positive, respectful way and discuss any concerns with the parent/guardian.

It is our responsibility to provide a safe, secure setting for all of the children in our care. For this reason, disruptive behavior of a serious or on-going nature will not be tolerated. This will result in a written warning to the parent/guardian. Three written warnings will lead to dismissal from the CARES program. A sample form is included for your information.

SAMPLE FORM

CARES Program Conduct Warning

Student's Name _____ **Date** _____

Nature of Problem:

- Profanity _____
- Obscene Gestures _____
- Fighting/Wrestling _____
- Leaving unattended _____
- Disregard/Disrespect for Staff _____
- Disregard/Disrespect for Other Children _____
- Damaging Property _____
- Screaming _____
- Excessive Rowdiness _____
- Possession of dangerous objects which can be used as weapons _____
- Other _____

Comments/Details: _____

This is your child's 1st 2nd written warning. As stated in our rules, three written warnings will result in dismissal from our program. We try to be as understanding as possible, but disruptive behavior cannot be tolerated for the protection of all of the children who use our program. Please speak with your child about his/her responsibility toward staff, other children, and the property of others.

This is your child's 3rd written warning. Effective _____, you will need to make other arrangements for After School Care.

PLEASE SIGN BELOW AND RETURN IMMEDIATELY. FAILURE TO SIGN WILL RESULT IN YOUR CHILD'S IMMEDIATE DISMISSAL FROM THE PROGRAM.

Parent's Signature _____ **Date** _____



*Holy Cross School CARES Program
240 North Bishop Avenue
Springfield, PA 19064*

Registration Form – CARES Program

I wish to register my child/children for the CARES Program for the school year.

Child's Name

Grade (in September 2020)

_____	_____
_____	_____
_____	_____
_____	_____

Address: _____

City/State/Zip: _____

Address #2 (if applicable): _____

City/State/Zip: _____

Mother's Name: _____

Mother's Phone: Home _____ Work _____ Cell _____

Mother's E-Mail Address: _____

Father's Name: _____

Father's Phone: Home _____ Work _____ Cell _____

Father's E-Mail Address: _____

Please return this form, CARES Information Form, and Emergency Contact/Parental Consent Form (one for EACH child) with \$20.00 Family Registration Fee. In order for registration to be processed, all forms and fees must be present. *Children must be registered ahead of time.



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CARES Information Form

Name of Family _____

Child's Name _____ Grade in September _____

We ask that all parents and students abide by the regulations set forth in our CARES Program Handbook. Failure to comply with the regulations set forth may result in exclusion from CARES. **Please sign below to indicate that you have read, understand, and agree to comply with the rules set forth in the CARES Program Handbook.**

I have read, understand, and agree to comply with the regulations set forth in the CARES Program Handbook.

Parent's Signature Date

Student's Signature Date



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CARES Emergency Contact/Parent Consent Form

Please complete and return ONE form for EACH child enrolled in CARES.

Child's Name _____ Birth Date _____

Male _____ Female _____

Parent Contact Information:

Mother's Phone: Home _____ Work _____ Cell _____

Father's Phone: Home _____ Work _____ Cell _____

Emergency Contact Information:

Name of Contact _____ Relationship _____

Address: _____

City/State/Zip: _____

Phone Number when Child is in CARES _____

Name of Contact _____ Relationship _____

Address: _____

City/State/Zip: _____

Phone Number when Child is in CARES _____

Persons to Whom Child May Be Released:

Name of Contact _____ Relationship _____

Address: _____

City/State/Zip: _____

Phone Number when Child is in CARES _____

Name of Contact _____ Relationship _____

Address: _____

City/State/Zip: _____

Phone Number when Child is in CARES _____

Name of Child's Medical Care Provider: _____ Phone _____

Address: _____

City/State/Zip: _____

Special Medical Conditions (if any) _____

Allergies (including medications) _____

Additional Information _____

Parent's Signature is required for each item below to indicate parental consent.

I give consent for my child to obtain medical care in an emergency situation.

Parent's Signature _____

I give consent for first aid to be administered to my child in the event of a minor injury.

Parent's Signature _____

I have read the handbook and agree to be bound by all the policies (including tuition) and the procedures established.

Parent's Signature _____