

Little Spirits Preschool Extended Care 2010/2011

MISSION STATEMENT

"The St. Wenceslaus School community is dedicated to providing a nurturing environment so that each individual's potential can be realized. We are life-long learners called to make a difference in our changing world, as we are shaped by our Catholic faith and challenged to embrace the Gospel."

PHILOSOPHY

We believe that the St. Wenceslaus School community is called together by God to provide a Christian education to the children entrusted into our care. Children are offered the opportunity to encounter God in their parents, pastor, school staff, fellow students, and parishioners, as well as in their faith, prayer, and worship experiences. We believe that a nurturing community is comprised of responsible individuals who share respect and concern for themselves and all others. We recognize that our strength as a community lies in our God-given individual differences. We value and celebrate our diversity of abilities and talents, learning styles, and cultures that influence our community.

We believe students learn best through active engagement with subject matter and the promotion of critical thinking skills. We provide educational opportunities for the whole child, supporting spiritual, intellectual, social, emotional, physical, and creative growth. We believe our children need these tools to make responsible decisions and to be good stewards in our ever-changing world.

We look at our world through the eyes of our Catholic faith. Our service to each other is one of dedication, love and involvement. To live and teach as Jesus did through word and action is the essence of this service. As we plant the seeds of discipleship, we bring ourselves and others closer to God.

REGISTRATION

Parents registering their child must complete and submit the Preschool Extended Care registration form. Current students in the Preschool Extended Care program will have first priority for enrollment in the next year's program. Any unfilled spots in the program are then filled from the waiting list.

- Your account must be current and paid in full
- An annual \$10.00 registration fee per family must accompany registration form.
- A completed Emergency & Health Information Sheet along with an Emergency Card must be updated and in the Preschool Extended Care files for all students.

Please note any changes during the year regarding your registration and Emergency forms must be submitted to the Preschool Extended Care in writing.

***Payments are due by the 15th day of the month on a consistent monthly basis
Drop-in students payment is due on the day of the drop-in.***

ENROLLMENT POLICY

Little Spirits Preschool Extended Care has been designed to serve the needs of children in our Little Spirits Preschool program. Contracted enrollment is for families who register for use of the Little Spirits Extended Care daycare services. This contracted enrollment is 10 students maximum with one certified teacher.

Families NOT enrolled in Little Spirits may use the Extended Care program on a Drop-In/Space available basis.

HOURS

Little Spirits Preschool Extended Care is open immediately following the school day and closes promptly at 5:00 pm. The Preschool Extended Care is open ONLY on days when Preschool is in session.

Hours of operation: 11:00/12:00 – 5:00 pm

FEES

Contracted

FULL TIME

Monday, Wednesday, Friday	11:00/12:00 pm – 3:00 pm	\$55.00 per week
Monday, Wednesday, Friday	11:00/12:00 pm – anytime after 3:00 pm	\$80.00 per week

PART TIME – Monday, Wednesday, Friday (Daily Fee)

Daily Fee	11:00/12:00 pm – 3:00 pm	\$20.00 per day
	11:00/12:00 pm – anytime after 3:00 pm	\$30.00 per day

DROP-IN

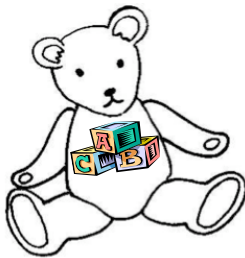
For those NOT enrolled in Little Spirits or Little Spirit families not scheduled on a regular contracted basis.

	11:00/12:00 pm – 3:00 pm	\$25.00 per day
	11:00/12:00 pm – anytime after 3:00 pm	\$35.00 per day

LUNCH FEE

Hot Lunch - \$2.00 per day

Milk with Bag lunch brought from home - \$.50 per day



\$10.00 Registration Fee _____
(Date paid)

Little Spirits Preschool Extended Care Registration Form

Family Last Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

1. Child's Name: _____ Nickname _____

Grade: _____ Date of Birth: _____ Circle One: Male/Female

2. Child's Name: _____ Nickname _____

Grade: _____ Date of Birth: _____ Circle One: Male/Female

My child will attend the Preschool Extended Care on the following days.

Place and X by the days your child will attend. This will be your contract agreement. You will be charged at the beginning of each month according to the fee schedule.

Monday _____ Wednesday _____ Friday _____

Pick up time: By 3:00 pm _____ After 3:00 pm _____

FEES

FULL TIME

Monday, Wednesday, Friday	11:00/12:00 pm – 3:00 pm	\$55.00 per week
Monday, Wednesday, Friday	11:00/12:00 pm – anytime after 3:00 pm	\$80.00 per week

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I understand that by signing below this information is accurate to the best of my knowledge, and I am responsible for pre-payment for the contracted times at Little Spirits Preschool Extended Care Program.

Name: _____ Date: _____

Signature: _____ Date: _____

EMERGENCY INFORMATION

Father's Name/Legal Guardian _____ Work () _____

Place of Employment _____ Work hours _____

Cell Phone () _____ E-mail _____

Mother's Name/Legal Guardian _____ Work () _____

Place of Employment _____ Work hours _____

Cell Phone () _____ E-mail _____

Student lives with: Both parents/legal guardians _____ / Father _____ / Mother _____

Is anyone restricted from being in contact with your child by court order? _____
(a copy must be placed in the school files)

Please list the adults other than yourself who are authorized to be contacted and or available to pick up your child(ren) in case of Emergency:

Name _____ Phone () _____ / () _____
(Relationship)

Name _____ Phone () _____ / () _____
(Relationship)

Name _____ Phone () _____ / () _____
(Relationship)

Physician _____ Phone () _____

Dentist _____ Phone () _____

Hospital Preference _____ Phone () _____

Health History

List any major illness, allergies, including food, or other related problems in the past year. _____

Is your child taking any medication? _____ If yes, please list: _____

For what reason; _____ Will medication need to be given while at

Extended Care? _____ Do you have any concerns about hearing, vision, or general

health? _____

I understand that by signing below this information is accurate to the best of my knowledge, and I am responsible for payment for the days my child/children attend the Little Spirits Preschool Extended Care Program.

Name: _____ Date: _____

Signature: _____ Date: _____