



OUR LADY OF SORROWS
CATHOLIC SCHOOL

OLS KIDS' CLUB

**PARENT HANDBOOK
AND APPLICATION
2018-19 School Year**

Introduction

Our Lady of Sorrows Catholic School recognizes the need for school-based childcare within our community. Kids' Club is a self-supporting program aimed at providing a supervised and safe environment for three year preschool through eighth grade students of Our Lady of Sorrows Catholic School (OLS) before and after school. Kids' Club is licensed by the State of Michigan as a Child Care Center.

Interesting activities are planned which are developmentally appropriate and enhance physical, intellectual, social and emotional growth. A quiet room is available for homework. The opportunity to be with friends in a supervised program benefits children and offers parents a safe, practical solution for childcare needs before and after school. Kids' Club is available from 7:00 am until school begins and after school until 6:00 pm. **All policies described in the Our Lady of Sorrows Catholic School Parent/Student Handbook apply to Kids' Club, as well as specific policies described below. (Includes cell phones and/or any electronic devices)**

Staff

All Kids' Club Staff have passed all state required background checks. Kids' Club does not endorse or recommend baby-sitting outside of Kids' Club for its staff members. Parents are responsible for their children arriving and departing from Kids' Club.

Registration

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 along with the completed application enclosed in this packet. Also required is a completed Student Health Statement and a completed Parent Notification of the Licensing Notebook for each family and a separate Child Information Card for each child enrolled in Kids' Club. These forms are enclosed in this packet.

Non-Admittance

A request for withdrawal and/or re-admission must be submitted in writing. Your request will be applied to billing after received. Admittance to the program may be refused due to full enrollment, behavior problems, past due accounts or health problems that cannot be accommodated.

Signing In/Out

Parents are responsible for signing in and walking their child into the morning session. Parents are also responsible for picking up their child in the afternoon and signing them out. Children may not sign themselves out for any reason. If your child is involved in sports and needs to be signed out of Kids' Club early, a coach may sign them out with your written permission. The coach will then be responsible for them in the locker room/gym/field for their activity. Children who attend scouts, choir/band or other "on campus" activities must be signed out by parent (or an individual authorized by parent with signed permission given to Kids' Club) and then escorted to their activity.

If events occur after 6:00 pm, parents must pick up children from Kids' Club and return later for the event. Parents who want to pick up children early from the cafeteria must sign them out and make the supervisor aware. To assure the safety of the student(s), parents (or authorized persons) may be required to show identification to Kids' Club staff when signing out student(s).

Snack

Students are to bring their own **healthy** snack for themselves to enjoy in the after school Kids' Club sessions. Please do not send any glass bottles or soda.

Daily Morning Routine

7:00 am: Doors open – Activity Room is open for children to use art materials, play games, read books or play cards.

7:30 am: Gym opens

8:15am: Clean up and pack for school – Children put away materials and collect school bags

8:20am: Children are walked to the Elementary building or escorted to their classrooms in the Early Childhood Center to begin school

Daily Afternoon Routine

3:30 pm: Preschool and Kindergarten children have snack in the Early Childhood Center classroom

3:40 pm: Elementary children have snack in the cafeteria

4:00 pm – 6:00 pm: Children may choose from the following activities:

- Homework room
- Activity room for Elementary children
- Free play room for Kindergarten and Preschool children
- Gym or outside

Outdoor Play/Gym

In the morning session, children will have use of the gym on most days. In the afternoon session, children will go outside whenever possible and weather permitting. The amount of time spent outdoors will vary according to the schedule of activities. **Please provide appropriate clothing for outdoor play.** Please put their name on everything.

Billing

Kids' Club billing is charged on a monthly basis. Fees are \$7 per hour for the first child (youngest), \$6 per hour for the second child (second youngest) and \$5 for the third and/or any additional child within the same family. There is a one-hour minimum charge per day (per child) and then bills are calculated in 15-minute increments according to usage. You are asked to inform Kids' Club of your child's schedule as attendance is taken for the safety of our students. **There will be an overtime fee of \$1.00 per minute for children picked up after 6:00 pm.** Statements are emailed or mailed to the home address every four weeks. It is the family's responsibility to remit the payment by the due date. Any late payments will result in a \$15.00 late fee. Payments must be made by check, payable to "Our Lady of Sorrows".

Sample of Fee Schedule

Below is a sample of a monthly charge for a family with 2 children in Kids' Club, attending three days a week for one hour each day.

First Child @ \$7 per hour x 1 hour per day x 3 days per week = \$21 per week
(please remember that anything over 1 hour is calculated in 15-minute increments)

Second Child @ \$6 per hour x 1 hour per day x 3 days per week = \$18 per week

Total per week = \$39 per week

\$39 x 4 weeks = \$156 TOTAL DUE FOR MONTH

PLEASE NOTE:

The billing policy for Kids' Club charges you only for your actual usage of Kids' Club. Time will be calculated by charging the one-hour minimum, and then in 15-minute increments. This will allow for flexibility for the families using the Kids' Club. This will be especially useful for families with flexible working schedules, or families with students who are periodically involved in after school activities. Please remember that you must keep Kids' Club informed of your after school schedule, as attendance will be taken for your child's safety. Parents can inform Kids' Club of the schedule for their children with written instructions or an email to kidsclub@olsorrows.com.

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 an orderly program, the Behavior Rubrics from the Elementary and Early Childhood buildings apply to our Kids' Club program. Kids' Club is an extension of our school day at OLS. If a student is disciplined by a Kids' Club staff member using our school rubric, the following will take place:

1. When present, the Early Childhood Center Director will follow through with the parent and student. The incident will be brought to the attention of the Administrator that works with the student's grade level on the next school day.
2. When the Early Childhood Center Director is not present, the Kids' Club Supervisor will follow through with the parent and student. The Kids' Club Supervisor will inform the Early Childhood Center Director the next school day of the incident and the above procedure will then be followed.

Note: The School Principal and Kids' Club Director reserve the right to exclude students from the Kids' Club program based on the severity of the situation.

Absences

In the interest of your child's safety, you are asked to notify Kids' Club in the event that your child is absent from school or will be absent from Kids' Club for any reason. You may email Kids' Club at kidsclub@olsorrows.com.

Illness

When a child becomes too sick to participate in regular activities or shows symptoms of a contagious disease, parents will be contacted to take their child home. If the parents cannot be reached, the emergency contact person will be called to take the child home.

Medication



If your student(s) needs prescription medication (i.e. inhaler, EpiPen, etc.) during their time at Kids' Club, a Medication Release Form must be completed and signed by a physician and kept on file at the Kids' Club Office along with the medication in its original prescription package with a label that has the student's name on it. This medication is separate than any kept in the OLS School office, as Kids' Club is in a separate building and the Kids' Club staff cannot access the OLS School office.

Holidays and Breaks

Kids' Club will operate according to the Our Lady of Sorrows Catholic School calendar. Kids' Club is available on half days of school. Families need to sign up in advance of the half days. Kids' Club is not available during school vacation periods, snow days/school closings or summer months.

Late Pick Up Policy

Late pick up (after 6:00 pm) is strictly against policy. You will be charged at the rate of \$1.00 per minute, per child, for pick-up after 6:00 pm. This will be billed to your account.

Contact Information

You may contact Kids' Club by email at kidsclub@olsorrows.com, or by phone at 248-476-0977, ext. 3, between 7:00 am and 6:00 pm.



2018-2019 KIDS' CLUB APPLICATION

Kids' Club Fees

Non-Refundable Registration Fee of \$50 per family

First (youngest) Child \$7.00 per hour

Second (second youngest) Child \$6.00 per hour

Third Child \$5.00 per hour

- Families will be charged for a minimum of one hour per day for each day of use. After the first hour, families will be charged in 15-minute increments. There are overtime charges of \$1.00 per minute after 6:00 pm.
- Kids' Club will need a schedule of when your student will be attending the after school session; attendance is taken for the safety of our students.
- Statements will be sent to the home address every 4 weeks and are payable within 10 days of receipt.

Kids' Club Hours

AM Session: 7:00 am until beginning of school

PM Session: after school until 6:00 pm

- Kids' Club follows the OLS school calendar and is not available during school vacations, snow days/school closings and/or summer months.
- Kids' Club is available on half days and the sign up is available two weeks prior.

Name(s) of student(s) to attend:

(Name) (Grade in fall)

(Name) (Grade in fall)

(Name) (Grade in fall)

Please indicate the days your child/ren will attend:

A.M. HOURS M____ T____ W____ Th____ F____ Variable ____

P.M. HOURS M____ T____ W____ Th____ F____ *Variable ____

(*if you have a variable schedule, please be sure to inform your child(s) teacher AND Kids' Club of PM attendance as soon as possible)

Please indicate the date your child will **START** Kids' Club _____, 2018

(TURN OVER)

PLEASE SIGN AND RETURN THIS FORM TO KIDS' CLUB

I have read and reviewed the Our Lady of Sorrows Kids' Club Parent Handbook with my child. 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 understand that children participating in Kids' Club may be photographed from time to time. I authorize Kids' Club to display, copy or post such photographs in Kids' Club News, displays or other materials without compensation.

I confirm that my child(ren) are in good health and able to participate and attend Kids' Club with no activity restrictions. I also confirm that my child(ren)'s immunization records are up to date and that immunization records or appropriate waivers are on file with Our Lady of Sorrows Catholic School.

I understand that if I request Kids' Club to administer medicine to my child(ren), I must comply with the medication policy. I further agree to hold Our Lady of Sorrows, 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.

I authorize Our Lady of Sorrows and/ or Kids' Club employees to obtain emergency medical treatment and/ or hospitalization, if necessary, for my child(ren): _____/ _____/ _____

Insurer _____ Policy No. _____

Allergies/medical information _____

Doctor: _____ Telephone No. _____

Parent(s) Name – Please Print

Parent Signature

Date



OLS Kids' Club Student Health Statement

Please complete the information below for each child that is enrolled in OLS Kids' Club.

First Child: 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 Our Lady of Sorrows School.

Second Child: 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 Our Lady of Sorrows School.

Third Child: 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 Our Lady of Sorrows School.

Fourth Child: 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 Our Lady of Sorrows School.

Parent Name (please print)

Parent Signature

Date

YOU MUST COMPLETE ONE OF THESE FORMS PER FAMILY

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Licensing and Regulatory Affairs

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at www.michigan.gov/michildcare.

I have read the above statement issued by _____
Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations
are available upon request to individuals with disabilities.

YOU MUST COMPLETE ONE OF THESE FORMS FOR EACH CHILD

Print additional pages if necessary

CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult 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
Father/Legal Guardian's Name		Home Phone ()	Mother/Legal Guardian's Name		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 (optional)		
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. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

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.	()		

I give permission to _____, licensed by the Department of Human Services (Provider's Name)	
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.	
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

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

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Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Father/Legal Guardian's Name		Home Phone ()	Mother/Legal Guardian's Name		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 (optional)		
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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