

Christ Lutheran Before and After School Care
1311 S. Faraday
Peoria, Illinois 61605
Terry Mooney, Principal

2018-2019 School Year

Christ Lutheran operates an extended care program for those parents who need supervision for their children before school, after school, or both. The supervision takes place on the school property, and it is our intent to provide safe, caring supervision for your child. Following is more detailed information about this program:

1. The hours of operation are from 6:45 a.m. to 8:00 a.m. (before school) and 3:00 p.m. to 5:30 p.m. (after school) except on Mondays when the after school hours are from 2:00 p.m. to 5:30 p.m. There is a late charge of \$1.00 per minute after 5:30 p.m.

2. Rates are as follows:

Full Time - \$40 per child, \$60 for two children, \$80 for three or more

Occasional – Less than 5 hours per week will be charged at a rate of **\$5.00** per hour.

Fractional hours are counted as a full hour. (Ex: Monday – arrived at 7:40 – 20 minutes of childcare charged at a one hour rate of \$5.00)

Payment is due in advance at the beginning of the week in which service is provided. Checks may be written to Christ Lutheran Extended Care. Payment may also be made by credit card. Contact Mrs. Belvery in the school office for more information.

3. The school's multipurpose room (the old gym) will be used in the morning and the after school program is located in the Parish Hall at the church. We have games and activities available. We have homework rooms available and encourage students to do homework after school. A nutritious after school snack is provided each day.
4. A sign-in / sign-out sheet will be used. You must sign your child out. This provides for more accurate records and greater safety for your child.
5. Please don't allow your child to bring food, toys, balls, money, game systems, ipods, cell phones, etc. (same policies as the school on these items).
6. The first week of school (August 16th – 18th) will be half-days with dismissal at 1:00 p.m. There is an extra charge for early dismissal days. The rate for half-days is \$20 per day.
7. Please note the following phone numbers: (After Care at Parish Hall) 439-9632 and (Christ Lutheran School) 637-1512.
8. This program is license-exempt pursuant to the guidelines of DCF.

Staff members this year include Africa Booth and Tina Rucker. Please feel free to call me at the school (637-1512) if you have any questions.

God's Blessings,
Terry M. Mooney

CHRIST LUTHERAN EXTENDED CARE
EMERGENCY NUMBERS AND CONSENT FORM
SPECIFIC CONSENTS

1. Name(s) of child(ren) in extended care.

- | | | | |
|----|-------|-----|-------|
| 1. | _____ | DOB | _____ |
| 2. | _____ | DOB | _____ |
| 3. | _____ | DOB | _____ |
| 4. | _____ | DOB | _____ |

Parent's Name: _____

Address w/zip: _____

Home Phone: _____ Cell Phone: _____

Employment: _____ Work Phone: _____

Employment: _____ Work Phone: _____

2. In case of an emergency, please call the following phone numbers:

- | | <u>Name & relationship to child</u> | <u>Phone number</u> |
|----|---|---------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

3. Child's doctor or family physician:

- | <u>Name</u> | <u>Phone number</u> |
|-------------|---------------------|
| _____ | _____ |

4. Preferred Hospital: _____

5. Please list any other important information regarding your child/ren that we should be aware of. For example: allergies, medical conditions, names of those allowed to pick them up, name of anyone not allowed to pick them up, etc.

6. In case of an emergency, I give consent for the Extended Care Center staff to take my child to his/her doctor or to the Emergency Room if I cannot be reached.

Signature

Date

All information provided on this form will be confidential. Information will be not be shared with other individuals or programs.