

Holy Spirit Catholic School

Extended Care

In God's Care, Every Child Thrives



2024-2025

7:00 am to 5:30 pm

Director: Mary Sams

Teachers: Lara Wise & Jordan Yuhas

2820 Central Ave.

Great Falls, MT. 59401

Phone: (406) 761-5775 x 208 **Fax:** (406) 761-5887

License # PV77631 **Tax Id. #** 810465988



**Holy Spirit Extended Care
Welcomes you to our before, during and after school
childcare program.**

Holy Spirit Extended Care has been licensed for over 30 years with the State of Montana. Extended Care provides before, during, and after school care for any registered student at Holy Spirit Catholic School between the ages of 3 – 12 years of age. Extended Care provides a routine of daily activities overseen by caring and trained staff. Extended Care is open from 7:00 a.m. to 5:30 p.m.

MISSION STATEMENT

With Jesus as the Master Teacher, Holy Spirit Catholic School/Extended Care develops in each child an active and creative mind, a sense of understanding Catholic values through compassion, respect and service to others, and the courage to act on those values.

OUR BELIEFS AND VALUES...

- Guided by the teachings of the Catholic Church, Holy Spirit is a faith-based school/child care of academic excellence.
- We believe that all children, faculty, staff, and parents are members of the Body of Christ and should be treated with dignity and respect.
- Understanding that parents are their children's primary teachers. Holy Spirit fosters a partnership with them to advance student success in school and throughout life.
- We work to provide the tools and resources to enable students to become independent, life-long learners, problem-solvers, and responsible Christians.
- We further work to instill the importance of being compassionate stewards of God's creation, and in living out the Gospel by service to others.
- Holy Spirit staff and students build respectful relationships by modeling the behavior of Jesus Christ in a safe and nurturing learning environment.

ENROLMENT & BILLING

Families may enroll in Extended Care when they register for school at Holy Spirit Catholic School, or at any time during the school year as long as there is availability. Registration must be completed and accepted prior to your child's first day in Extended Care.

Your Extended Care monthly bill is based on the schedule on your Family Reservation Contract form. Extended Care does not accommodate drop in care, and priority is given to families needing 5 days of care. If, at any time you need to change your reserved registration times/days we will need a week's notice. Approval for changes will only be given if Extended Care is able to maintain state teacher/student ratios. At no time can a schedule be frequently changed as this causes our ratio numbers to fluctuate, making it difficult to abide by state requirements. Since state ratios must be maintained at all times, drop in care is not permitted.

Rates are as follows: **\$5.00 per hour for each child or a flat fee of \$40.00 for 8 + hours per child.**

The minimum charge per day is \$5.00 for 1 hour, even if the child does not attend Extended Care for a full hour.

If daily childcare is longer than was scheduled on the Family Reservation Contract, you will be billed for the additional time as well as your contracted time.

Families will receive their billing for the previous month within two to three business days after the last day of the month. Payment is due by the 10th of the following month. Payments can be made by cash or check, payable to "Holy Spirit Catholic School." We do not give change for cash payments. Change will be credited to your account. Card payments are accepted in the Front Office with an additional 3% service charge. Payments must be made by the 10th of the month. A reminder of payment will go out after the 10th. Payments not received by 15th may result in a family's discontinuation of childcare service.

TERMINATION OF CARE

Holy Spirit Extended Care works in partnership with our families and HSCS to make a successful program. Extended Care adheres to the Holy Spirit Catholic School Student-Parent Handbook found at www.holyspiritgfschool.org. The safety of our staff and students is our top priority. Failure to uphold expectations from the Student-Parent Handbook may result in discontinued service from Extended Care. <https://www.holyspiritgfschool.org/wp-content/uploads/2022/02/2021-22-STUDENT-PARENT-HANDBOOK-web.pdf>

DROP OFF PROCEDURES

Children may be dropped off at 7:00 am and no sooner. Upon arrival at Holy Spirit Extended Care, the parent/guardian dropping the child off must check in the child with the Extended Care Teacher. The Extended Care Teacher will sign your child in. Parents/Guardians are required to help children put away their backpacks and outerwear and get settled for the day. Children are required by law to be supervised at all times while in the building.

PICK UP PROCEDURES

Parents/Guardians or authorized adults are required to check the child out of care with the Extended Care Teacher. Once a child is signed out, the parent is solely responsible for supervising their child while on school premises. Parents are required to handle all business issues prior to signing out their child. Parents or persons designated to act “in loco parentis” are required to sign any incident/accident reports from the day at pick up. If it is necessary to have an in-depth discussion, please schedule the meeting for a later date.

LATE PICK UP

Pick up after 5:30 PM is not permitted. There will be a late fee of \$5.00 per minute per child after 5:30 PM.

NOTIFICATION OF ABSENCE

Please notify us if your child will be absent from Extended Care. We may be reached by phone, email, or Class Dojo. You will still be billed according to your Family Reservation Contract.

ILLNESS POLICY

Montana daycares have exclusion criteria per ARM 37.95.139 as follows:

- Fever over 101 F - may return when child is 24 hours fever free without medication
- Vomiting or diarrhea - may return when child is 24 hours free from vomiting and diarrhea
 - If the child is diagnosed with shigellosis, salmonellosis, or Shiga toxin-producing E. coli (STEC), the child may only return after 2 stools, collected more than 24 hours apart, test negative for the illness-causing bacteria and approval from public health
- Children with jaundice - may return after healthcare provider clearance
- Symptoms of severe illness (uncontrolled coughing, breathing difficulty or wheezing, stiff neck, irritability, poor food or fluid intake, or seizure) - may return after healthcare provider clearance
- Bacterial infections - may return 24 hours after the start of antibiotics

If any of these criteria are met, the child should be excluded, regardless of the type of illness, unless a health professional determines the child's condition does not require exclusion.

EMERGENCY CONTACT /ALTERNATE PICK-UP

At enrollment, parents will provide the “Alternate Pick Up Persons” Form. This form specifies individuals that are authorized by the parents to pick-up their child. Parents are encouraged to include on this form any, and all persons who, in the course of events, may at one time be asked to pick-up their child from Extended Care. In an emergency, the child's parents will be called first. If they cannot be reached, staff will call “Alternate Pick Up Persons” in the order listed on the form until someone can be reached.

Parents do not need to be listed on the “Alternate Pick Up Persons” Form. The nature of the parental relationship affords the parents (in the absence of a court order indicating otherwise) the right to pick up their child. The persons on the “Alternate Pick-up Persons” form will be required to provide Government issued photo ID prior to Extended Care releasing the child. There will be no exceptions to this rule. All changes and/or additions to the “Alternate Pick-up Persons” form must be made in writing and be dated and signed. Only custodial parents have the right to make changes or additions to this form.

Holy Spirit Extended Care reserves the right to refuse/ban any person listed on the “Alternate Pick Up Persons” Form for any reason, including but not limited to violations of the policies/procedures contained herein. It is the responsibility of the parent(s) to inform each person on the “Alternate Pick Up Persons” Form of the policies/procedures contained herein.

EMERGENCY RELOCATION SHELTER

Proposed Site Address: Ursuline Center 2100 Central Avenue, Great Falls, Montana. (406) 452-8585
This agreement shall remain in effect until the last day of each school year.

Proposed Walking Route: Exit south side of Holy Spirit Catholic School, walk along 1st Avenue South to back of Paris Gibson Alternative High and proceed East to the back of Ursuline Center.

Site Phone: Mary Sams (406) 750-2327, Melissa Hallahan (480) 250-4162

The site will be accessible at all times when the child care program is open until all children are picked up.

Access: Access shall be from the south end of the Ursuline Center by the alley. Parking shall be in the south alley way of the ursuline center. Families are encouraged to stay abreast to changing conditions by phoning providers, (Names & Numbers at site phone), accessing radio and/or television stations for further instructions.

EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION

In the event of an emergency closing and/or inclement weather, parents will be notified of the closing by a school wide email and the REMIND app. Please be sure you are signed up for that calling/email system. Should the school/center need to close in the middle of the day, the school or center staff will attempt to reach the child’s parents first to arrange for pick-up. Should the staff be unable to reach the parents, the people listed on the “Alternate Pick Up Persons” form will be called until pick up arrangements can be made. Staff will notify the parents or emergency contact person at the time of the call of the pick- up location should the children need to be evacuated from Extended Care and school. Parents or emergency contact persons should report directly to the alternate location if one is indicated.

PARENT'S RIGHT TO IMMEDIATE ACCESS

Parents of a child in our care are entitled to immediate access, without prior notice, to their child whenever they are in care of Holy Spirit Extended Care, as provided by the law. In cases where the child is the subject of a court order (e.g., Custody Order, Restraining Order, or Protection from Abuse Order) Holy Spirit Catholic School must be provided with a Certified Copy of the most recent order and all amendments thereto. The court orders will be strictly followed unless the custodial parent(s) requests a more liberal variation of the order in writing. In the case where both parents are afforded shared/joint custody by order of the court, both parents must sign the request for more liberal interpretation of the order.

In the absence of a court order on file with Holy Spirit Catholic School, both parents shall be afforded equal access to their child as stipulated by law. Extended Care cannot, without a court order, limit the access of one parent by request of the other parent, regardless of the reason. Holy Spirit Catholic School Extended Care staff will contact the local police should a conflict arise.

Visitors are asked to schedule appointments with the Extended Care Director and are allowed in the childcare facility only at the discretion of the Director. All visitors must check in with the school office using the front main doors. An employee of Holy Spirit Catholic School will accompany visitors at all times

CONFIDENTIALITY

At Holy Spirit Catholic School Extended Care, confidential and sensitive information will only be shared with employees of Extended Care who have a "need to know" in order to most appropriately and safely care for your child. Confidential and sensitive information about faculty, other parents and/or children will not be shared with parents, as Extended Care strives to protect everyone's right of privacy. Confidential information includes, but is not limited to: names, addresses, phone numbers, disability information, and HIV/AIDS status or other health related information of anyone associated with Extended Care.

MANDATED REPORTING

As mandated reporters under the Child Protective Services Act, Holy Spirit Extended Care employees are required to report any suspicion of abuse or neglect to the appropriate authorities. Employees of Holy Spirit Extended Care are considered mandated reporters, under this Act. Holy Spirit employees are not required to discuss their suspicions with parents prior to reporting the matter to the appropriate authorities, nor are they required to investigate the cause of any suspicious marks, behavior or condition prior to making a report. Under the Act, mandated reporters can be held criminally responsible if they fail to report suspected abuse or neglect. At Holy Spirit Extended Care, we take our responsibilities very seriously and will make all warranted reports to the appropriate authorities. The Child Protective Services Act is designed to protect the welfare and best interest of all children.

As mandated reporters, the staff at Holy Spirit Extended Care shall not be held liable for reports made to Child Protective Services which are determined to be unfounded, provided the report was made in "good faith."

SUPPLY LIST & FEE

A one-time supply fee of **\$20 for each child** will be due at registration for Extended Care. This may be paid when registering for Extended care or be applied to your first Extended Care bill. In addition to the supply fee, we would appreciate each family bringing the following items:

- Last Name A-M: 1 Box Facial Tissues
- Last Name N-Z: 1 package Fragrance Free Wet Wipes
- 1 Clorox Bleach Wipes
- 1 Large (Family Size/Club Store Size) Box of Nut Free Healthy Snack; 100% fruit chews, crackers, applesauce pouches, fruit strips, goldfish, etc.
- Construction paper or a large 8.5 x 11 Coloring book
- 24 or larger box washable crayons
- 1 package small disposable cups (3 oz. or 5 oz.)

Tiny Tot, Morning Pre K, 3 Day Pre K:

Bring a small blanket (no bigger than a yard stick) and/or a small stuffy or baby doll to rest with during naptime. Items must fit in a small 7in x 10 in cubby. We ask that you take these items home to be washed at least twice a month.

Tiny Tot and ALL Pre K:

In a Ziplock bag with the student's name written on it, please bring extra clothes for the student. This must include both short-sleeve and long-sleeve tops, shorts, long pants or leggings, several undergarments, and socks.

Let's keep in touch!

For **Tiny Tots, 3 Day Pre K,** and **5 Day Pre K**
(AM & PM) please join the TT-PK Extended
Care Class



**Join your child's adventure
on ClassDojo!**



Scan to join Extended Care TT-PK (2024/25)

For **Kindergarten to 8th Grade** please join
the K to 8th Extended Care class



**Join your child's adventure
on ClassDojo!**



Scan to join Extended Care K-8 (2024/25)

Extended Care Phone: (406) 761-5775 x 208

Email:

Mary Sams: Msams@holyspiritgf.org

Lara Wise: Lwise@holyspiritgf.org

For all general school announcements:

Text "@HSCSANN" to 81010

Return the following pages to Extended Care



HOLY SPIRIT EXTENDED CARE

ACKNOWLEDGEMENT FOR THE FOLLOWING POLICIES:

- Mission Statement, Beliefs & Values
- Enrollment & Billing
- Termination of care
- Drop off, Pick up Procedures
- Late Pick up
- Notification of absence
- Illness Policy
- Supply List & Fee
- Emergency Contact/ Alternate Pick Up
- Emergency Relocation Shelter
- Emergency Closing and Inclement Weather
- Parent's Right to Immediate Access
- Confidentiality
- Mandated Reporting

Dear Parents and/or Guardians,

Please find the above stated copies of policies attached in your Extended Care packet. Review and acknowledge with your signature and date below that you have received them and agree to abide by them. If you have any questions on any of the above policies, please don't hesitate to contact Extended Care.

Sincerely,

Your Holy Spirit Extended Care Team

Parent/Guardian Name: _____ **Date:** _____

Signature of acknowledgement: _____



Family Reservation Contract with Holy Spirit Extended Care

HS Extended Care rate is \$5 per hour or a daily rate assessment of \$40

Time/Day(s) _____ needing reserved time for our children:
(Family name)

Monday Tuesday Wednesday Thursday Friday

(name of child)

(name of child)

(name of child)

(name of child)

(name of child)

(name of child)

Days needed each week must be consistent and can not vary week to week. This helps us be consistent with our employee work schedule and to secure the longevity of the center staying open and viable. If changes need to be made to your schedule, a two-week notice shall be given before a change will appear on your billing. If more hours/day need to be added to your Reservation Agreement, we will make every effort to make it work providing we have the staff and space available. Again , a two-week notice will be appreciated. Your billing each month reflects your reservation time and days reserved. Please remember, if child/ren are sick, on vacation, or absent for any reason you will be billed according to your requested reservation time. This again secures our Centers livelihood of service, serving our families for child care service at HSCS. Thank you for your understanding but most of all thank you for sharing yourself and your children with us.

Sign: _____ Date: _____

By my signature, I acknowledge that I have read, understand, and agree to these policies.



ALTERNATE PICK UP PERSONS

Name of Child/ren: _____

The people listed below have my authorization to pick up my child from Extended Care. I will inform Extended Care, each time a special pick-up is necessary. I understand that my child will only be released to individuals listed below, if I am unavailable. I also realize that they will be required to provide proper identification each time that they pick-up. If an individual is not listed on this form, a telephone call **WILL NOT** be sufficient to release the child to that individual.

AUTHORIZED PERSONS:

NAME	RELATIONSHIP TO CHILD	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Parent/Guardian Signature:

Date:



HOLY SPIRIT CATHOLIC SCHOOL/EXTENDED CARE
EMERGENCY TRANSPORTATION PERMISSION AGREEMENT

I hereby give permission for **HOLY SPIRIT EXTENDED CARE** to transport my child/ren to an emergency relocation site for staff, teachers, and children when it is unsafe to remain at HOLY SPIRIT CATHOLIC SCHOOL.

I understand that normal safety rules will be followed, as much as possible, but that the highest priority is to relocate to a safe location. This agreement shall remain in effect until further notice. The agreement may be terminated at any time by either party but only with written notification.

Child/ren Name: _____

Parent Name: _____

Home Address: _____

Cell Phone: _____ **Alternative/Work Phone:** _____

SPECIAL CONSIDERATIONS FOR EMERGENCY TRANSPORTATION:

When foot transportation is not a viable means of transportation, Holy Spirit Catholic School/ Extended care will make the decision on what bus service will be a viable means of emergency transportation for children from school to the designated emergency relocation site. Possible services for transportation modes may be from: other Catholic School buses, Great Falls Public School Bus System, Great Falls Transit District, or Big Sky Bus Lines Inc.

Signature: _____

Date: _____

Supplies and Fee

I would like my child's Supply Fee charged to my first Extended Care bill

I would like to pay for my child's Supply fee separately. If supply fee is not paid by September 1st, it will be charged to the first bill

Signature: _____ **Date:** _____

(OFFICE USE ONLY)

Date received: _____

Name of Child	<u>Supplies</u>	<u>Fee</u>
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Contact and Consent



This form must accompany staff when children are away from the childcare site

Child's Name (First, Last)		
Date of Birth		
ALLERGY ALERT Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all allergies in required box.		
Parent or Guardian Contact Information		
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Required Medical Information		
Primary Medical Care Provider		Phone
Health Concerns (Please explain)		
Allergies		
Parent or Guardian Authorization		
In an emergency, the child care facility has my permission to provide or obtain emergency medical treatment including transporting child by ambulance or vehicle if necessary. The parent/guardian of the child will be notified as soon as possible.		
Parent/Guardian Signature		Date
<i>(This form must be completed and signed annually)</i>		

Emergency Contact and Consent



This form must accompany staff when children are away from the childcare site

Child's Name (First, Last)		
Date of Birth		
ALLERGY ALERT Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all allergies in required box.		
Parent or Guardian Contact Information		
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Required Medical Information		
Primary Medical Care Provider		Phone
Health Concerns (Please explain)		
Allergies		
Parent or Guardian Authorization		
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<i>(This form must be completed and signed annually)</i>		