

St. James Guardian Angel Program Handbook



2016 - 2017

Approved by the School Council on May 10, 2016

INTRODUCTION

The mission of St. James Guardian Angel Program is to provide quality, Catholic Christian care after school for the students of St. James Catholic School.

If you have any questions about the Guardian Angel Program you may contact Andrea Pletcher at **316-323-8036** or the school office.

Address: 1010 Belmont Avenue
Augusta, KS 67010

Phone Number: 316-775-5721

Hours of Operation: 3:15-5:30 P.M. M-F School Days (See Early Dismissal for exceptions.)

Guardian Angels will not be in session on days that St. James does not have class.

St. James Students in grades Pre-4 – 6th are welcome.



SCHEDULE

3:15-3:30	Roll Prayer Change of clothes (if needed)
3:30-4:00	Recess
4:00-4:15	Snack
4:15-4:45	Home Work
4:45-5:15	Free Time after home work completed
5:15-5:30	Clean Up

*****These times are approximate and may change according to need.

ARRIVAL AND DISMISSAL

Children are checked into Guardian Angels immediately after school. All students not picked up within 15 minutes of school dismissal (including early out days) will be sent to the Guardian Angel Program and billed from the time school was let out. However, children in detention, tutoring, or another pre-arranged reason will not be billed until they are dismissed to come to Guardian Angels. Parents will need to sign out their child(ren) each day and log the pick-up time. Children will not be allowed to sign themselves out. Only those authorized people whose names are on the enrollment form will be allowed to sign your child(ren) out. If you need to have another adult pick up your child, you will need to send written permission or call the director or the school office and inform them of the change. This is for the safety of all the children attending Guardian Angels. You may add authorized adults at any time.

ENROLLMENT

The parent/guardian & student must agree to the rules, complete necessary enrollment forms, and submit these to the Guardian Angel Director BEFORE a child(ren) are admitted to the Guardian Angel Program.

DROP-INS

Drop-ins are welcome. However, all parents who use Guardian Angels on an occasional basis must complete all enrollment and agreement forms on their first day. They must also agree to follow the billing plan.

TEACHER CONFERENCES

If Guardian Angels is in session; children whose parents are having conferences and attend the program will be signed in and charged.

AUCTION WEEK

Children remaining after school, WHILE PARENTS ARE IN THE BUILDING VOLUNTEERING, are welcome in Guardian Angels at NO CHARGE. But, the children MUST follow Guardian Angels rules and be signed out by the parent, or must remain with the parent. Children not signed into Guardian Angels program WILL NOT be allowed in any area being used by Guardian Angels.

INFORMING

All parents should inform their children when they will be attending Guardian Angels before the school day. When this is not possible, please call the school office (775-5721) to inform them so those children will know where they are going after school.

EARLY DISMISSAL

Guardian Angels will be provided until **5:30 p.m.** on early dismissal days. Please watch the weekly Reminders or monthly Newsletter for any changes.

BILLING

Parents will pay \$5.00 per hour per child, rounded up to the half-hour.
For example: 3:15-3:45=\$2.50, 3:15-4:00 =\$5.00.

Children will not be charged if they are in detention or another pre-arranged reason. Children that hang around the classrooms will be charged from 3:15pm until picked up, unless parents or teachers pre-arrange otherwise.

Parents will be billed for the two previous weeks. Bills will be sent home in family folders and are due upon receipt.

Make checks payable to: St. James School with the note Guardian Angels.

If billing is a problem, parents need to talk to the Director to adjust their pay schedule.

Payments can be given to the child(ren)'s teacher, the office, or the Guardian Angels Director.

LATE FEES

Guardian Angels operating hours are 3:15-5:30 P.M. M-F on school days.
Parents whose children remain past 5:30 pm must pay overtime fees of \$1.00 per child for EACH MINUTE until child(ren) are picked up.
Emergency contacts will be called to come pick up these children if parents cannot be reached. Guardian Angel services may be withdrawn and/or late fees increased if the overtime continues.

REGISTRATION FEE

There will be a one time registration fee of \$5 per child or \$10 per family.

EXPECTATIONS

1. All the St. James Catholic School rules for students continue to apply during Guardian Angels.
2. Students will treat the supervisor and other students with respect and courtesy. "Love one another as I have loved you."

CHANGING CLOTHES

Students may change into appropriate clothing (**i.e. No tank tops or short shorts**). School clothes must be put in their book bags. Students will be prompt while changing. Any misbehavior will result in the loss of this privilege.

DISCIPLINE

1. A verbal warning from the director. The student may be removed from a game or activity for a period of time.
2. A discussion with parents.
3. A loss of the privilege of using the Guardian Angel Program for a specified period of time.
4. Continued violation of the rules will result in the child being expelled from the Guardian Angel Program for the remainder of the year.

"Let the little children come to me."

Mark 10:14

† 2016-2017 Guardian Angel Enrollment Form

CHILD

GRADE

Child(ren) Name(s): _____

Do you wish your child to have all homework completed in Guardian Angels?
***excludes kindergarten** Yes/No (circle)

PARENT/GUARDIAN

CONTACT #1

CONTACT #2

Name: _____
 Employer/Company: _____
 Address: _____
 Home Phone: _____
 Work Phone: _____
 Additional Phone Numbers: _____

OTHER PEOPLE AUTHORIZED TO PICK UP CHILD(REN)

Name: _____ Phone Number: _____
 Relationship to child(ren): _____ Emergency Contact: YES/NO

Name: _____ Phone Number: _____
 Relationship to child(ren): _____ Emergency Contact: YES/NO

Name: _____ Phone Number: _____
 Relationship to child(ren): _____ Emergency Contact: YES/NO

Name: _____ Phone Number: _____
 Relationship to child(ren): _____ Emergency Contact: YES/NO

 Parent/Guardian Signature Date

 Student Signature

Allergies: _____

Any other concerns _____

Inhaler kept with child or in the school office? _____

 Student Signature

 Student Signature

 Student Signature

 Student Signature