

Crusader Care
Immanuel Lutheran School
School Age Child Care Program

Days and Hours of Operation

Morning Care

School Days 6:30 am - 8:00 am

When School is in Session

Monday - Friday

Afternoons 2:45 - 5:30 pm

Scheduled Non-School Days

CLOSED

Special Circumstances:

- Crusader Care may be closed for any utility related issues.
- Weather-related availability will be determined on an individual basis based on forecasts, timings of announcements, etc.

Closing notifications will be made by text message through Sycamore School
and notifications will also be sent by email.

Registration

The registration form is included in this packet. The following forms must be completed, signed, and submitted prior to your child's participation in the School Age Child Care Program:

_____ Non-refundable annual family registration fee of \$50

_____ *(Registration paid for the summer of 2023 extends through the 23-24 school year.)

_____ First month's family calendar

_____ Student enrollment form

Morning Care Fee - Anyone arriving prior to 7:40 am (stated drop off time in Parent-Student Handbook) will be subject to the early drop off fee.

Flat fee of \$5/family/day

After-School Fees

\$2.75 / hour for first child

\$2.65 / hour for additional child(ren)s

Families are charged for a minimum of one hour / child and then by the half hour for additional care.

Non-School Day

\$28 / day for the first child

\$25 / day for each additional child

Late Pickup Fee - You will be charged \$1/minute past 5:30 pm for late pickup.

Payment Policy

You will be billed for care twice monthly. All accounts must be paid in full within ten days.

A late fee of \$10 will be charged if account is not paid within 10 days of billing statement. Accounts that are delinquent for over two weeks will be suspended from care until the balance is paid in full. Any accounts that are delinquent more than 2 times will be required to pre-pay for childcare services.

There is a \$10 fee for all returned checks. More than one NSF check will result in payment by cash only.

Check payments should be written to **Immanuel Lutheran** and should be submitted to the school office.

Location

All care will be provided at Immanuel Lutheran School. The cafeteria will be the primary area of care, but children will also be able to play outside or in the gym as schedules allow. Staff may also take children to athletic events that are scheduled at the school. Signs will be left on the checkout computer indicating which location to find your child at.

Scheduling

Daily attendees do not need to turn in a family calendar monthly. If your child does not have a regular schedule at Crusader Care, a calendar must be completed and turned in each month indicating the days your child will be attending the program. Accurate scheduling is important for us to prepare for adequate staff and budgeting. Please contact the school office as soon as you know a change to your schedule. You will be charged for all care as scheduled on your calendar unless you provide proper notice in the case of student absences or schedule changes. Such notification may be made by emailing eanderson@immanuelssilo.org or by calling the school at 507-523-3143 prior to 2:45 pm.

Withdrawal Notification

If you are withdrawing your child from Crusader Care for any period of time you must notify the school in writing at least one week in advance. If written notification is not received, you will be

charged and responsible for any days remaining on your scheduled calendar. Immanuel Lutheran may provide lenience in case of personal or financial emergencies, but we ask for your transparency regarding your needs.

Program Description

Crusader Care provides developmentally appropriate activities and allows students to make activity choices which may include: games/toys/puzzles; art/media; reading/writing; homework time; building play; manipulative play; and indoor/outdoor play.

Care Options

Before School: 6:30 am - 8:00 am

After School Care: Available from 2:45 pm - 5:30 pm. (Billing begins at 3:00 pm).

Snacks

Children may bring their own snacks if desired. No peanut products are allowed.

Structured Schedule

The daily schedule may vary depending on factors such as weather and gym availability.

3:00-3:30	Recess - Outdoors if weather permitting
3:30-3:45	Snack - Students must bring their own
3:45-4:45	Homework / Reading / Quiet Play
4:45-5:30	Free Choice / Homework / Cleanup

Arrival and Dismissal

Students will go to Crusader Care at the direction of classroom teachers, and will be checked in by the staff member in charge for the day.

Children will be released only to their parents/guardians or other authorized persons as noted on the child's registration form. The person picking up children must check out with the adult staff member present and sign out the child before leaving.

Written permission is requested any time there is a change in pickup authorization.

Student Behavioral Expectations & Responsibilities

- Students must respect other children, staff, and the facility.
- Listen and obey staff directions at all times.
- Make good choices that demonstrate care for self and others.

Parent Responsibilities

- Observe rules and policies set forth by Crusader Care
- Submit calendars on time and communicate with the program staff if there are changes
- Respectfully address child concerns with the appropriate staff person
- Work cooperatively with staff towards positive solutions
- Inform staff of changes to student information in a timely manner

Program Responsibilities

- Provide a stimulating, caring, Christian environment for children with developmentally appropriate activities
- Provide positive guidance and redirection to aid students in cooperative play and peer interactions
- Promptly and clearly communicate with families when concerns arise

Behavior Management

The Crusader Care goal is to provide a safe, nurturing, and caring environment for all program staff and participants. Staff will lead by example and will work directly with children to problem solve and redirect behavior in positive ways. Techniques will include verbal prompts, encouragement, redirection, and age/behavior appropriate consequences. Staff will seek to treat all students with respect and dignity.

Certain inappropriate behaviors may require additional attention. This may include acts that are consistently occurring, long in duration, or of high intensity. Program staff may consult with the childcare director, school principal, and the student's parents to curb these behaviors.

Behavior such as outbursts, willfully hurting others, use of profanity, destroying property, threatening violence, leaving the designated area without permission may result in dismissal from the program.

Dismissal from the Program

Every effort will be made to reasonably work with families and students regarding payments, student behavior, and program implementation. For the good of all children, Immanuel Lutheran reserves the right to withdraw a student from service at any time.

Medication

No medicine will be administered without the proper completion of the permission form. Medication must be in its original container and have the child's name attached. (See the end of this document for the form). This form is required for all forms of prescription and non-prescription medications including: cough drops, inhalers, and ibuprofen, etc.

Clothing / Dress / Personal Belongings

Students should be dressed appropriately for the weather conditions. Outdoor play will be part of the regular routine which means warm clothing and snow gear during winter months. Tennis shoes are recommended and will be required for gym play. All dress must adhere to the dress code in the Immanuel Lutheran School Parent / Student Handbook.

All personal belongings should be taken home at the end of each day. No cell phones or electronics are allowed. School issued chromebooks may be used with staff permission for homework only. Immanuel Crusader Care program will not be responsible for loss or damage to personal items brought from home.

Student Illnesses

Please do your part in protecting our staff and students from the spread of illness. Below are some guidelines for when a child should stay home from school and when he/she may return to school.

Reason for Absence	When to Return
Fever of 100.0 F or higher	Fever free for 24 hours without the aid of medication
Vomiting and/or diarrhea	After symptoms have subsided
Strep throat	24 hours after beginning medication (antibiotic)
Continuous or uncontrollable cough	After symptoms have subsided
Matter eyes	After evaluation for pink eye. If diagnosed as pink eye, 24 hours on medication
Head lice	Until no live lice are present

Mandated Reporting

All school and program staff are mandated reporters. By law, Crusader Care staff members are required to report any suspected abuse or neglect to the proper authorities. Confidentiality of children and parents will be respected.

Immanuel Crusader Care will be governed by the Board of Christian Education. Immanuel reserves the right to modify all handbook guidelines and policy at any time. Notification of such changes will be communicated to enrolled families.

PARENT PERMISSION TO DISPENSE PRESCRIPTION OR OVER-THE-COUNTER DRUGS
Immanuel Lutheran School - Silo

Student: _____ Grade _____ Date of Birth ____/____/____

Name of medication: _____

Reason for medication:(OPTIONAL) _____

Form of medication/treatment: Tablet/capsule Liquid Other _____

Instructions (Schedule and dose to be given at school): _____

Beginning date: ____/____/____ End date: ____/____/____

Describe the circumstances which would trigger the administration/dispensing of this medication:

Are there special storage requirements? ____ No ____ Yes Describe: _____

All medications must be in the original container with the student's name affixed to the outside of the bottle/container.

- I understand that my child's homeroom teacher will be the primary person to dispense this medication, but that any school personnel may become involved for the same purpose. I request that _____ receive the above medication as indicated.

Date ____/____/____ Signature _____ Relationship _____

-----**Documentation to Be Completed by Immanuel Staff**-----

Date form received by the school: _____			
Date	Medicine Administered (type & dose)	Time	Staff Initials

Crusader Care Enrollment Form
Immanuel Lutheran School – Silo
22591 County Road 25
Lewiston, MN 55952

FAMILY INFORMATION

Mother: _____ **Email:** _____

Address: _____

Home # _____ **Work #** _____ **Cell #** _____

Father: _____ **Email:** _____

Address (if different from above): _____

Home # _____ **Work #** _____ **Cell #** _____

STUDENT INFORMATION

Name _____ Gender _____ D.O.B. _____ Grade _____
Medical Notes, Alerts, Allergies: _____
Child resides with: ____ Both parents ____ Father ____ Mother ____ Other: _____
Name _____ Gender _____ D.O.B. _____ Grade _____
Medical Notes, Alerts, Allergies: _____
Child resides with: ____ Both parents ____ Father ____ Mother ____ Other: _____
Name _____ Gender _____ D.O.B. _____ Grade _____
Medical Notes, Alerts, Allergies: _____
Child resides with: ____ Both parents ____ Father ____ Mother ____ Other: _____
Name _____ Gender _____ D.O.B. _____ Grade _____
Medical Notes, Alerts, Allergies: _____
Child resides with: ____ Both parents ____ Father ____ Mother ____ Other: _____

EMERGENCY CONTACT (Please include one contact other than parents/guardians.)

Name: _____ Relationship: _____

Home # _____ Work # _____ Cell # _____

☐ This emergency contact is authorized to pick my child up from care if parent/guardian cannot be reached.

AUTHORIZED PERSON(S) Please list any individual(s) other than parents who have permission to pick your child up from Crusader Care.

Name: _____ Relationship: _____ Primary Phone #: _____

Name: _____ Relationship: _____ Primary Phone #: _____

Name: _____ Relationship: _____ Primary Phone #: _____

Name: _____ Relationship: _____ Primary Phone #: _____

Is there anyone who does not legally have permission to pick up your child? *Yes No

*Legal documentation must be submitted to the program director.

*Name of individual NOT authorized: _____

MEDICAL

Preferred Medical Facility: _____ Phone: _____

Preferred Dentist Office: _____ Phone: _____

Notes / Comments: Please list any additional information that you feel is important to us in providing a positive and complete care for your child(ren).

AUTHORIZATIONS

I give my consent for emergency medical care and treatment for my child(ren) as needed.	Yes No
I have been given the opportunity to view the Crusader Care Handbook and agree to abide by such policies and procedures.	Yes No

Parent Signature: _____

Date: _____