Crusader Care
Immanuel Lutheran School
School Age Child Care Program

SUMMER

Days and Hours of Operation
Monday, Tuesday --- Thursday, Friday
7:30 am - 6:00 pm

*Crusader Care is CLOSED on Wednesdays during the summer. This is subject to change if there is enough need for care. Please keep the staff informed of your childcare needs.

Registration
Parents may register their child for school age care beginning immediately by contacting Mrs. Anderson. 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 $30
- First month’s family calendar
- Student enrollment form

Regular Rates (For families attending 1 or more days/week or at least 5 days/month)
$2.65 / hour for first child
$2.50 / hour for additional child(ren)

Drop In Rates - (For families attending fewer than 1 day/week or fewer than 5 days/month)
$4.00 / hour for one child
$7.00 / hour for two children
$9.50 / hour for three children
$12.00 / hour for four children

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

Late Pickup Fee - You will be charged $1/minute past 6:00 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 lower level classroom will be the primary area of care, but children will also be able to play outside or in the gym as schedules allow.

**Scheduling**

A calendar must be completed and turned in each month indicating the days and hours 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@immanuelsilo.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**

- **Drop In Care**: Drop-ins are accepted depending on the number of registered students. Registration fee and forms are required for drop-ins. Notice of 24 hours for drop-in care is preferred so we can ensure adequate staffing.

**Snacks**

No snacks will be provided by Crusader Care. Children may bring their own snacks if desired. No peanut products are allowed.

**Arrival and Dismissal**
Children must be escorted into the building for Crusader Care. An adult should sign the sheet with the arrival time (or sign in using Sycamore). Please notify staff of your intended pick up time daily. 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.

**Activities**
The summer often brings extra activities into your daily schedules such as music lessons, swimming lessons, park & rec activities, or summer camp. Crusader Care respects your choice to participate in these extra curriculars. Transportation to/from such activities must be arranged by parents. Crusader Care staff will not provide transportation. **PLEASE NOTE:** Families will be billed for care during all activities on days your children are scheduled to attend Crusader Care.

**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 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. You may send a bottle of sunscreen to be kept at school if you wish for your child to use it regularly. A spare change of clothing should also be kept at school. Tennis shoes are recommended and will be required for gym play. All clothing and apparel 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.

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

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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--------------------------

<table>
<thead>
<tr>
<th>Date</th>
<th>Medicine Administered (type &amp; dose)</th>
<th>Time</th>
<th>Staff Initials</th>
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