



## Community of Saints School Year STAR Care Policies

Please keep these policies on hand to refer to when questions arise.

STAR Care is for students entering K-5 grades.

### **A. Basic Rates and Payment Policies**

1. All fees are based on blocked billing.
2. STAR Care is open from 6:30 a.m. to 8:30 a.m. and 3:00-6:00 p.m. Monday through Friday.
3. You will be charged the blocked billing rates for which you register your child.

Rates are as follows:

- **Morning: \$8.00/morning**
- **Afternoon: \$12.00/afternoon**
- **Morning/Afternoon Package: \$15.00/day**
- **Drop-In Day: \$15.00/day**
- **Non-School Day: \$30.00/day (\$40.00 if late sign up)**

4. Contracted hours will be billed as follows:  
STAR Care will be billed monthly.
5. Monthly payments are due by 3:00 p.m. on or before the 25<sup>th</sup> day of care for the month. payment is not received by 3:00 p.m. on the due date, you may be assessed a late fee of \$10.00.
6. Any check returned to us unpaid (ie: NSF, account closed, etc...) will be assessed a \$30.00 fee and the total amount due including this fee must be paid within 5 days of notification. After 2 returned payments, personal checks will no longer be accepted and future payments must be received in certified funds (ie: money order, cashier's check, etc...).
7. Cash payments will not be accepted.
8. If you are unable to pay your tuition as agreed upon, please talk to the Director of STAR Care. Under special circumstances, we will accept a reasonable payment arrangement. The approval of such a payment is at the discretion of the Director of COS STAR Care and/or the Principal of Community of Saints.
9. You will be billed for the days/weeks that you register your child. There will not be any refunds if your child is absent on any of the days for which he/she was registered.
10. Accounts with continuous non-payment may be referred to an outside collection agency.
11. Accounts with continuous non-payment may result in the termination of care for your child.

### **B. Overtime Rates and Policies**

1. Parents must inform STAR Care of any additional care required outside of contracted hours. Failure to do so may result in a \$10.00 penalty, plus the regular weekly or monthly charge. If additional care is required on a consistent basis, you may be asked to change your contract. Drop-in days will be charged \$15.00/drop-in.
2. ***Our program closes promptly.*** Closing penalty fees will be begin immediately. \$5.00 for the first 15 minutes, or any portion thereof, and \$1.00 for each additional minute shall be paid

- directly to the staff member(s) on duty. This fee is to be paid immediately to the staff member(s) upon your arrival at Community of Saints. Failure to pay this fee within 24 hours may result in a termination of your contract.
3. There is no credit given for late arrival or early pick-up from extended day.

### **C. Holidays and Absences**

1. STAR Care offers care on non-school days and some holiday breaks. STAR Care will be closed on Labor Day, Thanksgiving Day, Thanksgiving Friday, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Good Friday, Easter Monday, Memorial Day, and July 4<sup>th</sup>.
2. STAR Care has the right to close the program if there are not enough kids signed up on any given non-school day or holiday that care is offered. Parents will have a week's notice if the program will not be open.
3. Our program will be closed just prior to the start of the summer and the fall programs to allow for staff training, room cleaning, and possibly one or two other days throughout the year. Exact dates will be announced and posted at least 2 weeks prior to the closing date.
4. Community of Saints STAR Care reserves the right to close occasionally throughout the year as determined necessary by the Director of COS STAR Care in cooperation with the Director of Education. You will not be charged on these occasional closings due to weather, etc.
5. You must inform the Director if your child will not be at STAR Care (ie: sickness, dr. appointment, etc...). Regular payment is due regardless of occasional absences that your child is registered for.

### **D. Contract Changes and Extended Day Information**

1. Termination of STAR Care requires a two week written notice. You may be charged if there is not a sufficient notice given.
2. We reserve the right to terminate the enrollment of any child by giving a one week written notice.
3. It is your responsibility to make sure the information on your child's emergency card is up-to-date. If at any time we discover the numbers on an emergency card are no longer valid, we will request updated information within 24 hours. If a new emergency card is not provided within 24 hours, your child may not return to our preschool until a new card is submitted to the Director and approves your child's re-enrollment.



**Community of Saints Regional Catholic School**  
**K-5 STAR Care Registration Form**  
**School Year**

*A \$60.00 non-refundable fee must accompany this registration.*

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School Last Attended: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (First) (Last)

Mother/Guardian:

Father/Guardian:

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Contract Information:**

**Start Date:** \_\_\_\_\_

Please indicate the schedule of care your child will need on a weekly basis. This will be considered your contracted hours and you will be billed accordingly. You will be charged monthly based on this registration form regardless of sick days and absences.

(Please indicate days and times that your child will be at STAR Care by placing an 'X' in the corresponding box.)

<i>Day</i>	<i>Morning (6:30-8:30)</i>	<i>Afternoon (3:00-6:00)</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		





## Community of Saints STAR Care Information & Tuition Rates

As a before and after school program, we strive to provide quality care for your child in a fun and enriching environment that includes activities in art, science, math, literacy, technology, and large muscle. We also offer daily homework help time so children can complete any homework before going home for the day.

We strive to provide an atmosphere for kids that will keep them engaged, curious, and having fun! The STAR Care classroom schedule is carefully planned to meet the developmental goals and needs of each child. The classroom offers a wide range of activities and materials that are appropriate and challenging for every child in the classroom. Physical activity is an important part of our daily curriculum.

STAR Care allows the children to make choices during their time spent at the program. The opportunity to make choices gives children more responsibility and fosters self-confidence. For more information, please contact Katie Hartz ([khartz@communityofsaints.org](mailto:khartz@communityofsaints.org)).

Morning Hours: 6:30 a.m. – 8:30 a.m.

Afternoon Hours: 3:00 p.m. – 6:00 p.m.

Non-School Day Hours: 6:30 a.m. – 6:00 p.m.

### **Mornings**

6:30-8:30

*\$8.00/morning*

### **Afternoons**

3:00-6:00

*\$12.00/afternoon*

### **Full Day Extended Day Package**

Morning + Afternoon only

*\$15.00/day*

### **Other**

Non-School Days

*\$30.00 (\$40.00 if late sign up)*



### EMERGENCY INFORMATION

Student: \_\_\_\_\_  
*Last Name First M.I.*

Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Clinic & Address \_\_\_\_\_

Health Concern(s) \_\_\_\_\_

Allergies    Asthma    Diabetes    Seizures

*Please list any allergies or medications.*

*Please circle all that apply.*

**Please list people below who are authorized to pick up your child if you can't be reached**

**\*complete addresses are required\***

<i>Print Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Relationship to Child</i>