



St. Mary's Kids Time Program
320 5th Ave SE
Melrose, MN 56352
(320) 256-4257, x102
ahellermann@smsmn.org

Mission

To provide a quality after/before-school program of care where children can grow and learn in an environment that reflects the values of St. Mary's Catholic School.

Enrollment

Kids Time is open to all school-aged children in Preschool-6th grade with preference given to enrolled St. Mary's School students if space becomes limited. Registration must be completed with the program coordinator 24 hours prior to the date of service for children to attend this program.

Daily Schedule and Activities

The children participating in Kids Time will have a schedule that includes opportunities for enjoyment and enrichment and for their continued social and physical growth. A typical day might include:

- Attendance
- Creative Activity: crafts, art, nature, etc.
- Breakfast & Snack Time
- Homework Help
- Outdoors and Gymnasium Activities
- Free Choice

Staffing

A program coordinator will staff the program. The program coordinator will be available from 2:30 to 6:00 P.M. on after school days, from 6:00 A.M. until 6:00 P.M. on full days, and from time of early closing until 6:00 P.M. on days of early school closing. The providing of additional part-time help will be evaluated and provided as needed.

Hours of Operation

Kids Time will be open/available on all days that the school is open. In addition, it will be open/available on school holidays (a calendar of events to be determined), and on days when school would have been scheduled but has been canceled or let out early due to inclement weather.

Hours of operation will be as follows:

Before School	6:00AM - 7:55AM
•After School	End of school day - 6:00 P.M.
•Full Days (Holiday)	6:00 A.M. - 6:00 P.M.
•Full Days (Inclement Weather)	6:00 A.M. - 6:00 P.M. (or from the time of early closing due to inclement weather until 6:00 P.M.)
•Summer Program	6:00 A.M. - 6:00 P.M. Monday thru Friday

Facilities

Kids Time will be held in the school, making use of a classroom that is designated for Kids Time, the playground, and gymnasium.

Dropping Off and Releasing of Children

Children will be released only to their parents or another adult who is authorized in advance by the parents on the release form provided. That individual may be required to show identification before the child will be released if it is not someone the child can identify. A parent or authorized person must sign the child out from the program.

Medical Emergency or Illness

If a child becomes ill while at Kids Time, parents will be notified and asked to pick up the child as soon as possible. In the event of a medical emergency or accident, the staff will follow the procedures listed under Medical Emergencies in the St. Mary's Catholic School Parent Handbook. If your child should receive a minor injury, he/she will be given first aid and you will be notified of the type of first aid given when you come to pick up your child.

Use of Medication

Please refer to the medication procedures in the St. Mary's Catholic School Parent Handbook.

Insurance

Health insurance for children is not covered in our program. Parents are asked to have their own insurance coverage.

Discipline

Discipline policies and rules in effect during the school day are enforced in the Kids Time program. Personal toys are not to be brought to Kids Time unless the staff grants special permission (i.e. toys include Games, electronics, Pokemon Cards). While the Kids Time program is less structured, respect and responsibility will always be required if a child is to remain in the program.

Snacks

A snack (fruit, granola bar, crackers, juice or milk, etc.) will be served daily. If your child has a special dietary need or restriction, you should send special snacks for your child and alert the program coordinator of your child's special situation. You will need to provide a bag lunch for your children on days that are full days at the Kids Time program.

Fees

Participants of the program need to commit to a schedule and pay accordingly. **If you miss a scheduled day, you will still be charged for that day if you didn't notify staff beforehand.** Staff will need at least a 24 hour notice of schedule changes, otherwise you will be charged full price.

The following fee structure will be applied:

Daily Fees	1 Child in Family	2 Children in Family	3 Children in Family
Before School	\$6.00	1st child fee + \$0.50	1st & 2nd child fee + \$0.25
After School	\$10.00	1st child fee + \$4.50	1st & 2nd child fee + \$2.25
Both AM & PM	\$12.00	1st child fee + \$4.50	1st & 2nd child fee + \$2.25
Full Days (Holiday)	\$25.00	1st child fee + \$18.00	1st & 2nd child fee + \$10.00
Full Days (Inclement Weather)	\$25.00	1st child fee + \$18.00	1st & 2nd child fee + \$10.00
Early School Closings (after noon)	\$10.00	1st child fee + \$4.50	1st & 2nd child fee + \$2.25
Early School Closings (before noon)	\$25.00	1st child fee + \$18.00	1st & 2nd child fee + \$10.00
Drop-ins			
	\$15.00 per day per child		
Late Pick-up Fee			
	\$5.00 for every 15 minutes after 6:00 P.M.		



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CHILD(REN)'S INFORMATION:

1 _____
 (First) (Middle) (Last) (Date of Birth)

2 _____
 (First) (Middle) (Last) (Date of Birth)

3 _____
 (First) (Middle) (Last) (Date of Birth)

ADDRESS: _____
 (Address) (City, State, Zip)

ATTENDANCE:

BEFORE SCHOOL _____ AFTER SCHOOL _____ BOTH AM/PM _____

DAYS: MON _____ TUES _____ WED _____ THURS _____ FRI _____

EMERGENCY INFORMATION:

Father's Name (First/Last) _____ Cell Phone #: _____

Father's Place of Employment _____ Employment Phone #: _____

Employment Address: _____

Father's Email Address: _____

Mother's Name (First/Last) _____

Mother's Place of Employment _____ Employment Phone #: _____

Employment Address: _____

Mother's Email Address: _____ Cell Phone #: _____

Please list any health-related needs: _____

Authorized People to pick up my child(ren): _____

Doctor's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

I authorize my child(ren) to attend the Kids Time Program; in case of an emergency I authorize the school to choose a doctor/dentist in the event the parent/guardian or family doctor/dentist cannot be contacted.

Parent or Guardian: _____
 (Signature) (Relationship) (Date)