

April 18, 2024

Jets Club Families:

In order to complete your child's records for Jets Club for the 2024-2025 school year, we need you to complete / return the following paperwork in a timely manner.

Please see attached:

- Jets Club Registration Form
- Child Information Record
- Copy of Health Appraisal (to be completed by your child's physician)
- Notification of the Licensing Notebook (located in the Early-Childhood wing)
- Signed acknowledgement of Jets Club handbook (last page only)

All paperwork must be turned in prior to attending Jets Club. We appreciate your attention to this matter and your help is appreciated.

Please contact Ms. Anderson if you have any questions.

Thank you,

Ms. Anderson
Jets Club Coordinator
danderson@sjseducation.com
(810) 629-6551

2024/2025 Jets Club Registration

Pre K – 7th Grade Students

Registration fee of \$15.00 per child is due upon return of this form. Each Child enrolling in Jets Club must have a registration form. Please also complete the accompanying child information record (required by State of Michigan Licensing rules) for EACH CHILD. Thank you in advance.

Childs name and grade: _____

Mother's Name: _____

Father's name: _____

Please circle the day/s your child/ren will be attending:

M T W TH F

Please Circle: Drop-in or Regular

Please circle: Morning / Afternoon / Both

Morning Jets Club 7:00 a.m - 7:40 a.m

Afternoon Jets Club 3:30 p.m. - 6:00 p.m.

Email address (for billing or other informative purposes) _____

Please sign and date:

I, _____, acknowledge my child is in good health and up to date on their immunizations. I have received a copy of the Jets Club Handbook and read & understand the policies within it. I understand there is a MI Child Care Licensing notebook in the office available at any time for review.

Signature and date _____

***An extra fee of \$5.00/child will be added to our half day/early release days.**

Please see page 5 of the Jets Club Handbook for more information.

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge
Name of Child (Last, First, Middle Initial)			Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State Zip Code
Parent/Legal Guardian's Name	Home Phone ()	Parent/Legal Guardian's Name (Optional)	Home Phone ()
Home Address (if not child's address)	Cell Phone ()	Home Address (if not child's address)	Cell Phone ()
City	State	Zip Code	City State Zip Code
Email Address (optional)		Email Address	
Employer Name	Work Phone ()	Employer Name	Work Phone ()
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)			
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)			

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)		
1.	()	()
2.	()	()
3.	()	()
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)		
1.	()	2. ()
3.	()	4. ()

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)	DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street) (City) (ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)	HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street) (City) (ZIP Code) MI	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 10%; text-align: center;">Resolved</td> <td style="width: 10%;"></td> <td style="width: 50%;"># Is your child having any of the problems listed below?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>1 Allergies or Reactions (for example, food, medication or other)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>2 Hay Fever, Asthma, or Wheezing</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>3 Eczema or Frequent Skin Rashes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>4 Convulsions/Seizures</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>5 Heart Trouble</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>6 Diabetes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>7 Frequent Colds, Sore Throats, Earaches (4 or more per year)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>8 Trouble with Passing Urine or Bowel Movements</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>9 Shortness of Breath</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>10 Speech Problems</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>11 Menstrual Problems</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>12 Dental Problems: Date of Last Exam / /</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>Other (please describe): _____</td> </tr> <tr> <td colspan="5"> </td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Does your child take any medication(s) regularly?</td> </tr> <tr> <td colspan="5">Reason for Medication _____</td> </tr> <tr> <td colspan="5">Date: / /</td> </tr> <tr> <td colspan="5" style="text-align: center;"><i>Parent/Guardian Signature</i> _____</td> </tr> </table>	Yes	No	Resolved		# Is your child having any of the problems listed below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 Allergies or Reactions (for example, food, medication or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2 Hay Fever, Asthma, or Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3 Eczema or Frequent Skin Rashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4 Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5 Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8 Trouble with Passing Urine or Bowel Movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		9 Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		10 Speech Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		11 Menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		12 Dental Problems: Date of Last Exam / /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other (please describe): _____	 					<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?			Reason for Medication _____					Date: / /					<i>Parent/Guardian Signature</i> _____					<p>Birth History:</p> <p>Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>If yes, list medications:</p> <p>_____</p> <p>_____</p> <p>Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Examiner's Initials:</i> _____</p>
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SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Height Weight Other: _____				
			Muscle Imbalance										
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE Reading: _____				
			Other: _____										
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / / Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm				
			Albumin										
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Microscopic				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						
			Level _____ ug/dl										

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			1	3
DTaP/DTP/DT/Td	1	4	2	4	
	2	5	Meningococcal (MCV4 / MPSV4)	1	2
	3	6		1	3
Tdap	1		Human Papillomavirus (HPV9/HPV4/HPV2)	1	
Haemophilus Influenzae type b (HIB)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Polio (IPV/OPV)	1	3		2	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	3		
	2	4	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
Rotavirus (RV1/RV5)	1	3	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
	2				
Measles, Mumps, Rubella (MMR)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____ Health Professional's Signature			_____ Title		_____ / / Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____
child's name

_____ Dentist's Signature _____ Date _____

PHYSICIAN'S SIGNATURE

_____ Examiner's Signature _____ Date _____ Examiner's Name (Print or Type) _____ Degree or License _____

_____ Number & Street _____ City _____ MI _____ ZIP Code _____ Telephone _____

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

 Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK
Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

CENTER MUST CHECK ONE

The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.

The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.

I have read the above statement issued by ST JOHN THE EVANGELIST PRESCHOOL
Name of Child Care Center

Child(ren)'s Name(s):	
--------------------------	--

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.

Jets Club Handbook

2024 / 2025

St. John the Evangelist school

514 Lincoln St.
Fenton, MI 48430

Mobile: (248) 409-8134

Email: jetsclub@sjseducation.com

Staff:

Deborah Anderson – Jets Club Coordinator

General Program Information

INTRODUCTION

Welcome! We are pleased to have your child in St. John the Evangelists Jets Club. We hope to exceed your expectations by providing a quality experience in a licensed setting conveniently located at St. John.

PHILOSOPHY

St. John the Evangelist school supports an effective after school program that recognizes each person as a unique individual.

If your child has a special need, we ask that you keep us informed so that we may best meet the needs of your child.

CRITERIA FOR ADMISSION

The St. John Catholic School Jets Club (after school care) is available for children who attend St. John Catholic School. Placement can be reserved with payment of a registration fee and the completion of all admission paperwork.

SCHEDULE OF OPERATION

7:00 -7:45a.m. - Morning Jets Club

3:15 – 6:00 p.m. - Afternoon Jets Club

Jets Club will follow the St. John school calendar in respect to days of operation; with the exception of parent teacher conference days, or professional development days. Please see the “tuition policy” on p.5 for more details. Jets Club will also operate on all school early release days and all school half days, opening at 11:30 am, look for more information on p.5.

ENROLLMENT

Enrollment will not be considered finalized until the following steps have been completed.

1. Registration fee of:
 - \$15 yearly per child PK – 7th grade (non-refundable)
2. The following forms filled out completely and returned to the Jets Club director:
 - Enrollment form (registration sheet)**
 - Emergency Contact Information**
 - **Signed Tuition Policy acknowledgement (see pg 7 of handbook)**

STUDENT CODE OF CONDUCT

The following student code of conduct is designed to encourage positive student behavior while they attend St. John Catholic School Jets Club.

Acceptable Standards of behavior require that all students:

- A. Respect others.
- B. Behave with self restraint; be polite and helpful.
- C. Help keep the room clean
- D. Follow Jets Club care room rules.

DISCIPLINE

Jets Club supervisors shall use positive methods of discipline to encourage self-control, self-direction, self-esteem and cooperation. Our goal is to assist children in choosing appropriate behavior. We believe that this is accomplished through positive methods. Positive behavior will be reinforced and negative behavior will be redirected. Children will be given choices and consequences for their behavior.

Occasionally a child becomes out of control and may injure himself or someone else. At this time the child will be temporarily removed from the group. The supervisor will help the child calm down, discuss why the time out was necessary, and conditions for the child's return to the group.

Jets Club supervisors will be adhering to the St. John's School "Referral for Growing in Virtue" for consequences. If the behavior is deemed significant to write up, the principal and/or vice-principal will be advised and a consequence will be administered during school times.

HEALTH AND SAFETY POLICY

Health Policy

The state requires that each child have a completed medical form on file.

Children must be healthy enough to participate in all planned activities. If you feel your child is too ill to go outside, they are too ill to come to The Jets Club

Illness

For the health and safety of other children and staff, a child should be kept home if he/she has any of the following symptoms:

- diarrhea
- vomiting (2 or more times/24 hours)
- heavy nasal discharge
- eye discharge
- temperature (100-armpit/orally)
- body rash
- severe cough
- irritable, continual crying, or requires constant care

By law a child who has a contagious disease must not attend the center. A report of your child's condition should be given to the center while your child is ill so that appropriate precautions may take place. A physician's note may be required before your child is allowed to return to the center. It is imperative that we have cooperation from all of the parents concerning health and illness.

If your child becomes ill, he/she will be removed from the center and you will be contacted to pick up your child. If we are unable to contact parents, emergency contacts will be made.

MEDICATION

If applicable, please read and fill out the form provided by the child care personnel. The Family Independence Agency requires that any medication to be administered to a child must have his/her name printed on the container. We must follow school policy on these procedures, for both prescribed medicine and non-prescribed medications. These must be brought in by an adult and a medical release form completed.

SAFETY POLICY PROCEDURES

Serious accident procedure:

- Child will be transported via ambulance to hospital preferred for treatment (on child information card) or nearest hospital.
- Parents will be contacted to meet child and staff at emergency room.
- If parent is not available, emergency contacts will be made.

Drills

Fire, tornado, and other safety drills will be practiced at least four times a year with emergency procedures and evacuation plans posted at the site.

PARENT RESPONSIBILITIES

- Please end all phone conversations prior to picking up your child.
- Sign children out daily (Must be 18)
- Your child will be released only to a parent/guardian or those listed on the emergency card. Advanced oral or written permission and photo identification is necessary if someone other than a parent/guardian is picking up your child.
- Keep all records up to date
- Notify staff if child will be absent that day.
- Notify staff in case of illness or communicable disease.
- Pick your child up on time. As a deterrent, a late fee of \$25.00 will be charged for pick-ups after 6:00pm
- Send appropriate clothing for outdoor play and label everything.

Tuition Policy 2024 / 2025

Payment balances will be emailed with payment due dates, after the 1st of the month. Please be punctual in paying Jets Club balances. We accept cash or check payments however if a check is returned NSF **there will be a \$30 fee**. If this happens more than twice we will require cash payments. Jets Club closes at 6pm all club members need to be picked up by then. There is a **\$25.00 late pick up fee for pick-ups after 6:00**. This fee is payable straight to the caregiver present.

Cost:

Before School Care (7:00 a.m. -7:45 a.m.) **\$8 per Child**

After School Care (3:30-6pm) **\$12 per child**

Credits:

A credit is worth how ever much you already paid for a specific day (which will vary from family to family), you will receive a credit to your Jets Club account if

1. The School closes (and so Jets Club closes) inexplicably for any reason
2. Due to unforeseen and inescapable circumstances, though paid for your children could not attend Jets Club.

Credits will be tabulated toward the end of the month, and month may be applied to next month's payment. Please note that when ever your child/ren attend Jets Club on a drop-in basis, credits or balances automatically apply and a credit will be deducted or a balance will be added to your account.

Half day/Early Release/full-day care:

For half day care and Early Release: Jets Club may be open on days when all day school dismisses at 11:30 am and/or 1:00 pm. **An extra fee of \$5 per child will be added to the regular daily fee. Again this charge is added to the regular daily charge. Children will need to bring a lunch, cold lunch items only please and items that do not contain or are made in an environment containing nuts. Snack will be provided later in the day.

Withdrawal:

Parents must inform the center at least one week in advance if their child will no longer be attending. The child care coordinator retains the right to request the withdrawal of a child including the following but not limited to;

- Non-payment of fees
- Suitability of the program for the child
- Excessive behavior issues (i/e biting, swearing, hitting)

Snack:

A healthy snack with water will be provided by the center for children after school. Please alert staff of dietary sensitivities or allergies. Substitutions can be made for you child. We will be adhering to the "nut free" policy of the school.

POLICY FOR OUTDOOR PLAY

Children will be taken outside daily except during the following conditions:

1. If it is raining, thunder storming or otherwise inclement weather.
2. Temperature is below 10 degrees with the wind chill.
3. Temperature is above 100 degrees or the humidity is above 110 degrees.

REPORTING TO PROTECTIVE SERVICES

The St. John the Evangelist Jets Club program staff members are mandated by Michigan law to report any suspected abuse or neglect of children in their care.

STAFF

At least one staff member on site is required to possess current CPR and First Aid training. All staff is required to have TB, medical, and FIA clearance and background check conducted through a local police agency.

Jets Club Rules:

1. Treat each other and caregivers with respect and kindness.
2. Treat our room with respect. No outside type of activities in our room or in the hallway.
3. Use your inside voice.
4. All backpacks must remain in the room.
5. Students must ask permission to leave room and use hallway for homework purposes.
6. Snacks must be eaten in the proper designated area.
7. Students will line up at the designated area. The supervisor will check you in. Please put up your backpack and take a seat for accurate head count.
8. Have fun ☺

Failure to follow these rules will result in disciplinary action and parental notification.

If an inappropriate behavior cannot be redirected and it continues, a referral will be sent home and consequences will be determined by the school principal and Latchkey administrator.

Please read, sign and return this portion with registration.

If you have any questions please call (248)409-8134 or email jetsclub@sjseducation.com

Thank You.

I have read and understand all policies in the 2024/2025 school year Jets Club handbook. I have read the Jets Club rules with my family and understand the discipline policy.

Names _____

