



Morning Care is available to our Saint Rose families from 6:30am - 7:30am Monday thru Friday. Your child will be provided with a light breakfast, if needed, of cereal or a breakfast bar with milk or a juice box.

The cost for this service is a flat fee of \$5.00 a day. Sign in will take place from 6:30am till 7:30am. Your child **MUST** be walked in and signed in by a parent or guardian at the Brentwood Ave entrance. ***Drop offs are not allowed.***

If you are interested in this service, please fill out the forms attached and return to school on the first day. Morning Care will start on the second day of school. These forms must be filled out and sent to school before you are able to utilize the program.

If you have any questions, please contact Rachael Czepyha in the school office at 401-739-6937 or rczepyha@saintroseschool.com. Billing questions can be directed to Kara Buchanan at kbuchanan@ssrcparish.com

MEET THE STAFF

Monday

Mrs. Nathanson - Computer Science Teacher

Tuesday

Miss DiFilippo - Rosebud Teacher

Wednesday

Mrs. Malachowski - Librarian

Thursday

Mrs. Rachael Czepyha - Office Staff

Friday

Miss Thompson - Fourth Grade Teacher



MONDAY – FRIDAY
6:30AM – 7:30AM

For the convenience of parents/guardians, St. Rose of Lima School is pleased to provide Morning Care.

The following is a list of Morning Care policies for the 2018-2019 school year:

- Morning Care is located in the foyer and is available from 6:30am – 7:30am daily.
- A light breakfast of cereal or breakfast bar with milk or juice box is provided if needed.
- All food served is (peanut/tree nut-free).
- If a child should not receive breakfast for any reason staff must be notified.
- Parents will be charged a flat fee of \$5 per day.
- Drop offs are not allowed
- Children must be signed in by a parent/ guardian to use this program.
- Morning care is only available when school is in session.

*** Any billing questions may be sent to Kara Buchanan at kbuchanan@ssrcparish.com**

*** Any general questions about the program may be sent to Mrs. Rachael Czepyha at rczepyha@saintroseschool.com**

Days Needed

___ **Monday**

***ALLERGIES, IF ANY**

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

___ **Tuesday**

***ALLERGIES, IF ANY**

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

___ **Wednesday**

***ALLERGIES, IF ANY**

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

___ **Thursday**

***ALLERGIES, IF ANY**

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

___ **Friday**

***ALLERGIES, IF ANY**

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

For additional children, please check here _____ and list as appropriate on reverse side of this form.

Parent(s)/Guardian(s): The following individuals are authorized to drop off student(s) for Morning Care at any time:

Name: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Other Authorized Persons / Emergency Contacts: The following individuals may be contacted in an emergency in the event that a parent/guardian is not available. Such persons are also authorized to pick-up student(s) from Morning Care in the event that a parent/guardian is unable to pick up their child(ren):

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Relationship to child(ren): _____

Relationship to child(ren): _____

PARENT AUTHORIZATION

Emergency Treatment

Should an emergency arise at Morning Care, it is understood that a conscientious effort will be made by the St. Rose of Lima staff member to contact me at the emergency numbers I have provided before any medical action is taken.

I/We prefer to have our child(ren) taken to the following hospital if the need arises:

_____ Insurance Policy: _____ Policy #: _____

I/We understand that the choice of hospital may be limited by service of local rescue services. Kids' Haven is in receipt of any and all restraining orders pertaining to the above listed child(ren).

I/We hereby attest to the accuracy of all information provided on this form.

Student Name & Grade

Signature of Mother/Guardian

Home Phone

Business Phone

Cell Phone

E-mail Address

Signature of Father/Guardian

Home Phone

Business Phone

Cell Phone

E-mail Address

PARENT AUTHORIZATION TO USE MORNING CARE

The below named students will be participating in Morning Care and will be signed in no earlier than 6:30 am on any given day. If the Morning Care rules are not followed St. Rose of Lima has the right to ask the parent/guardian to remove the child from the program. A warning will be given to notify the parent/guardian, so the proper action can be taken.

***ALLERGIES, IF ANY**

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

I understand that Morning Care is a flat fee of \$5.00 a day if my child is signed in between the hours of 6:30am – 7:30am. It is my responsibility to walk my child into Morning Care and sign in. DROP OFFS are not allowed and will result in not being able to take part in the morning care service. I will be billed by the church office for this service and will pay my bill in a timely manner. If payment becomes delinquent my child will not be able to utilize the program and access to the parent portal will be denied until payment is resolved. My child will be provided a light breakfast if needed and I will notify the staff if my child should not take part in the breakfast for some reason. My signature is to acknowledge that I have read this statement and agree to this service.

Signature _____ Date _____