



# Our Lady of the Lake Roman Catholic School After-School Care

Three-Time National Blue Ribbon School of Excellence

## Handbook of Policies 2023-2024



Updated July, 2023

# Our Lady of the Lake Roman Catholic School

## *After-School Care*

This handbook includes important information regarding the policies, regulations, student guidelines, and activities scheduled for the Our Lady of the Lake After Care Program which have been established to insure a safe, happy, enjoyable program for your child.

Please read carefully and retain for future reference.

If you need any assistance or questions answered, please call:

### Preschool After Care

Sara Pearce & Heather LaCombe  
Aftercare Hours: 2:15 PM – 6:00 PM  
Phone Number during Aftercare Hours: 626-7220  
Phone Number before 2:15 PM 626-5678 ext. 4177  
Location: Pre-K Froggy House  
2114 Jefferson Street, Mandeville, LA 70448

### Kindergarten – Seventh Grade After Care

Cindy Fecke  
Aftercare Hours: 2:15 PM – 6:00 PM  
Phone Number during Aftercare Hours: 674-1935 Ext. 4180  
Phone Number before 2:15 PM – 626-5678 Location: Front  
Lobby of the Jan Strader Building Carroll Street, Mandeville,  
Louisiana

### **Payment Plans:**

On the first day of the month, fees are due and payable in advance. Fees are non-refundable for illnesses or missed days. Exceptions may be made for a prolonged illness.

\*Part-time fees are payable on the day your child/children attend.

Payments should be sent to the school office marked "Attn. Bookkeeper." All checks should be made payable to Our Lady of the Lake School After Care. Please write the child's name and grade level on the check.

**\*Full-time and part-time status cannot be changed during the school year.**

**\*Failure to pay fees will result in your child being removed from the program.**

\*After Care ends at 6:00 PM. A late fee of \$1.00 per minute will be automatically charged. No exceptions will be made.

### **Aftercare Fees:**

**Registration Fee:** \$10.00 fee per student

**Part-time After Care Rates:** \$15.00 per student per day

#### **Monthly After Care Rates:**

##### **August & May:**

\$130.00 for one student

\$185.00\* for two students

\$245.00\* for three or more students

##### **September — April:**

\$180.00 for one student

\$285.00\* for two students

\$365.00\* for three or more students

\*There is no family rate for a child in preschool and other children in K – 7.

The After Care registration fee may be paid on the parent payment portal located on the school website.

## Rules of Conduct for Students in the After Care Program:

**Parents are asked to please read the following rules of conduct and discuss them with their children. Consistent misbehavior and disobedience will not be tolerated. Parents will be notified and asked to find an alternative program for their children.**

**\*\*\*The Administration has the authority to remove any student from After Care during the year.**

1. The rules will be the same for After Care as stated in the Discipline Policy in the student/parent handbook.
2. Infractions of the rules will be reviewed with the parents on a daily basis. If your child is involved in a discipline infraction in After Care, he/she may be required to “sit out” for a designated time. Five After Care infractions may result in a three-day suspension/probation from After Care.
3. Come immediately to the designated area when class is dismissed. No stopping on the way.
4. Students should stay seated until after snack.
5. Students must ask permission to go to the restrooms.
6. Most homework will be done in After Care, but some must be completed at home. Sentence and paragraph writing will always be done at home, and though study time will be provided, students must prepare for tests at home.
7. When homework is completed, students should read a book until dismissed by a teacher.
8. Students must remain seated and quiet during homework time.
9. When the whistle blows, students must stop and listen.
10. Students may play only in designated areas where teachers are supervising. Students are not allowed on the hills next to the Strader building.
11. Students are responsible for their own personal belongings brought from home.
12. **Students are not allowed to go back to their homerooms for any reason. NO EXCEPTIONS.**

NOTE: The Administration may make changes to this handbook at any time during the school year.

### **MEDICAL CONDITIONS**

It is the responsibility of the parents to notify the Aftercare coordinators and staff of any medical conditions. Please fill out the back of the Emergency Card describing any medical condition, including allergies and restrictions.

### **Notes and Sign-Out Procedure:**

If your child is not going to After Care on a particular day, you must send a note informing the office staff, homeroom teacher, and After Care Director of the change.

If you would like for your child to be excused from the program to participate in teacher help sessions or other school activities, please send a note to the After Care Director through the school office.

An After Care Director will read the notes and make notations on the sign-out sheets.

Children will be released only to those persons listed on the emergency card. **All children must be signed-out each day.**

Please note that once a child has been signed out of After Care by an authorized person, he/she may not re-enter After Care on that day.

### **After Care Closings:**

After Care will start on Monday, August 14<sup>th</sup>.

**No After School Care is offered on Early Dismissal Days.**

The last day of After Care will be on the last full day of school.

After Care will close at 5:00 p.m. on the following days:

October 31st

Date TBA: Eve Parade (and on the days of any other Mandeville parades)

Date TBA: 7<sup>th</sup> Grade Closing Ceremony

**THE 2023-2024 AFTER-SCHOOL CARE**  
**HANDBOOK MAY BE DOWNLOADED FROM THE**  
**OLL SCHOOL WEBSITE.**

[www.ourladyofthelakeschool.org](http://www.ourladyofthelakeschool.org)

**OUR LADY OF THE LAKE ROMAN CATHOLIC SCHOOL**  
**AFTER-SCHOOL CARE HANDBOOK**

I hereby acknowledge that I have read the policies of the After-School Care Handbook and have discussed the rules of conduct and guidelines with my child/children.

Student's Names:

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**Parent's Permission for PG Movies**

This is to inform parents that Our Lady of the Lake's After-School Care Program may show G or previewed PG movies. In order for your child to see a PG movie, we must have your permission.

\_\_\_\_\_ My child has my permission to view PG movies.

\_\_\_\_\_ My child should not view PG movies.

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# 2023-2024 Our Lady of the Lake Aftercare Emergency Card

\_\_\_\_\_ Full Time  
\_\_\_\_\_ Part Time  
\_\_\_\_\_ List Days

HOMEROOM \_\_\_\_\_ PUPIL'S NAME \_\_\_\_\_  
Last, First

Ms./Mrs./Mr. \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Work # \_\_\_\_\_ Parent/Guardian's Cell # \_\_\_\_\_

Parent/Guardian's Work # \_\_\_\_\_ Parent/Guardian's Cell # \_\_\_\_\_

Children Attending OLL this Year: Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

## Emergency Phone #s (2:00-6:00PM)

_____	_____	_____
(Name)	(Relationship)	(Phone#)
_____	_____	_____
(Name)	(Relationship)	(Phone#)
_____	_____	_____
(Name)	(Relationship)	(Phone#)

In the event that we, the parents are not available at the time of an emergency, I authorize Our Lady of the Lake Roman Catholic School to contact the names below (physician and emergency care facility) and render them permission to give emergency care.

\_\_\_\_\_  
(Physician's Name) (Phone #)

\_\_\_\_\_  
(Emergency Care Facility) (Phone #)

\_\_\_\_\_  
(Parent or Guardian's Signature)

Additional address (if multiple mailing is needed):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

My child will be picked up each day by:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list any medical conditions, including allergies and restrictions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any pertinent information about your child and your family:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_