LA SALLE AFTERCARE PROGRAM 2026-2027
RULES AND RATE INFORMATION

HOURS - 2:30 pm-5:30 pm on days La Salle Academy is in session. Holidays, Snow-days, and early dismissals are excluded.

ELIGIBILITY – Any full time La Salle Academy Student may attend.

INCLEMENT WEATHER – If school closes or dismisses early, there is NO Aftercare. If school remains open, but weather conditions are forecast to continue to worsen, Aftercare may be closed early. In this case, you will be contacted via FACTS Parent Alert. Please be certain that you have a current emergency contact number on file with the AFTERCARE PROGRAM coordinator at all times.

HOMEWORK – A homework time will be scheduled. It is the responsibility of the student to acknowledge his/her assignments and begin his/her homework. The staff, although very willing to help the student, cannot take responsibility of knowing what work has been assigned to each student. Please do not assume that your child will have completed all of his/her homework in Aftercare.

SNACK (MEALS) – This Aftercare program does not provide full meals to students, but a snack will be provided. Typically, the snack would consist of a snack food such as pretzels or cookies and a drink. If your child is allergic to any foods, please indicate such information on the registration forms. Food Allergies- you may be asked to provide the snack for your child depending on his/her specific needs.

PROCEDURE TO ENROLL IN AFTERCARE PROGRAM:

1. Complete and submit La Salle Extended Care Program Weekly Registration Form
2. Complete these required forms: (Please leave no spaces blank when completing these forms or your child's participation in Aftercare may be delayed)
    a. EMERGENCY CONTACT/PARENTAL CONSENT FORM *(Updated every 6 months)*
        55 PA CODE CHAPTERS 3270.124(a)(b), 3280.181&182: 3290.181 &182
    b. COMMONWEALTH OF PENNSYLVANIA DEPT OF HEALTH, PRIVATE PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE (Annual Completion)
    c. CHILD HEALTH REPORT (Annual Completion)
        (55 PA CODE 3270.131, 3280.131 & 3290.131)
    d. AGREEMENT form (Annual completion)
        (55 PA CODE CHAPTERS 3270.123 &181(C); 3280.123 & 181(c); 3290.123 &. 181(c)
3. $25.00 annual per family registration fee, non-refundable will be billed through the STS system the first time a family uses the AFTERCARE PROGRAM. However, families can also pay the FAMILY Registration Fee with a check payable to "La Salle Academy".

WEEKLY REGISTRATION FORM – Aftercare can be used as need once your initial paperwork package has been handed in. You are required to fill out a registration form with your scheduled days and pick up times the Thursday prior to usage. If your schedule will remain constant each week you do not have to complete the form weekly. **It is imperative you let the office know when there will be ANY changes for dismissal purposes.** If your Aftercare usage will vary weekly, we ask that you send the completed the form to the office each week.

AFTERCARE FAMILY REGISTRATION FEE - There is a $25.00 non-refundable, per family fee for the Aftercare Program per school year. A bill through the STS program will be sent via email to each registered family. We can accept a check for the family registration fee only. If using a check, kindly make check payable to "La Salle Academy" and list "Aftercare registration fee" in the memo line.

PAYMENT- Aftercare Program services are billed at the end of each week following services through the STS payment system and are due upon receipt. Payments are made through the STS Program in order to eliminate the need to handle money and calculate bills during the time children are in Aftercare. This frees Aftercare staff to give more attention to the children.

Arrival Time:	Departure Time:	Per Child Cost:
2:30 PM	Up to 4:15PM	$ 15.00
4:15 PM	Up to 5:30 PM	$ 25.00

CHANGES TO SCHEDULE – Changes to a child's Aftercare program schedule must be made in writing and sent to the office as soon as possible. You may email Mrs. Terifay at terifay@lsabear.com or you may call the office, 610-777-7392.

MINIMUM CHARGE – There is a minimum charge for each child scheduled for the Aftercare Program. It is equivalent to the first period rate of $15.00 per child.

LATE PICK-UP CHARGE – The AFTERCARE PROGRAM will end at 5:30PM sharp. All children are to be picked up before that time. We ask parents not to extend this time. An additional charge of $ 5.00 per child will be added to the week's bill for the first 5 minutes after 5:30 pm and $ 50.00 per child for each additional 15 minutes after 6:00 pm. Participation in the Aftercare Program may be terminated if late pick-ups become habitual.

DISMISSAL/PICKING-UP STUDENTS -Students will only be released to the child's parent/guardian or the responsible party designated by the child's parent/guardian in writing. This may be accomplished by noting who will be picking up the child on the weekly sign-up form or by notifying the school in writing. The parent or designee must sign the student out when picking up him or her at the end of the day. Valid Identification IS required!

PICK-UP PROCEDURE

Parents will enter the parking lot from Holland Street and park on the street or the school's small front office parking lot also on Holland Street, and they are expected to come to collect their child from the facility through the School's Main entrance on Holland Street prior to 4:00 pm or the side entrance at door #2 between 4:00 pm and 5:30 pm. An adult attendant from Aftercare will answer the door. The Parent or Guardian will then sign out the child(ren) which notes the end time for that day, which will calculate the amount charged for that day's use of Aftercare Services.

Aftercare Pickup Door #1 - The Parent Pick-up Location **PRIOR TO 4:00 pm** is the Main Office Door. *The Main Office double doors have the school's crest on the glass.*

Aftercare Pickup Door #2-The Parent Pick-up Location **AFTER 4:00 pm** is the Aftercare Door on Holland Street, located to the left of the school's main office double doors.

TRANSPORTATION-This aftercare program does not take students on excursions or field trips that involve vehicular transportation off-site. Movement from one location to the next on the grounds of the center property will be on foot except to practice drills involving walking to a relocation site for safety.

EMERGENCY AND SAFETY – With your child's safety in mind, it is most important that your contact information is kept current. Please inform us of any changes as they may occur so that we always have the most up-to-date information to help your child in the event of an emergency.

EMERGENCY TRANSPORTATION - In the event of an emergency requiring students to be driven away from the school property for their own safety, following the approved La Salle Academy emergency policy, AFTERCARE students would be transported by Emergency Medical Services or La Salle Academy staff members to either the established off-site reunification location, which is John Paul II Special Learning Center, 1092 Welsh Road, Shillington, PA 19607, or the location as directed by local E.M.S. or Law Enforcement.

HEALTH POLICIES – The Reauthorized CCDBG Fund requires lead agencies to issue policy and regulations regarding recommendations for health and safety topics, outlined in p 98.41(a)(1), that are designed, implemented, and enforced to protect the health and safety of children.

Staff working in this facility maintain training in the recognition of potential signs and symptoms of shaken baby syndrome and abusive head trauma, strategies for coping with a crying, fussing, or distraught child and maintain skills to address the prevention and identification of child maltreatment.

Training is maintained by all staff that work with children annually. We share your goal as parents and family members who care for the children whom you bring to this child care facility, La Salle Academy. If you want learn more about health policies that pertain to this child care center the prevention of shaken baby syndrome, abusive head trauma and child maltreatment requirements please contact the Director, Mrs. Donahue, or the Office of Child Development and Early Learning, Northeast Scranton Office Phone: 1-800-222-2108.

QUESTIONS OR CONCERNS:

If you have any further questions or concerns about this Aftercare program, you are encouraged to call Mrs. Elizabeth Donahue, Director, 610-777-7392 or email Donahue@lsabear.com or the Office of Child Development and Early Learning, Northeast Scranton Office Phone: 1-800-222-2108 or www.dhs.pa.gov or www.education.pa.gov.

La Salle Academy Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

Belief Statement

We, the Administration, Faculty and Staff of La Salle Academy, believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death.

According to Pennsylvania Child Care Code 55, each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT.

Procedure/Practice

Recognizing:

Children are observed for signs of abusive head trauma including irritability and/or high pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

Responding to:

If SBS/ABT is suspected, staff will:

- Call 911 immediately upon suspecting SBS/AHT and inform the director.
- Call the parents/guardians.
- If the child has stopped breathing, trained staff will begin pediatric CPR.

Reporting:

- Instances of suspected child maltreatment in child care are reported to Office of Child Development and Early Education (OCDEL) by calling 1-800-222-2108 or by emailing www.dhs.pa.gov.
- Instances of suspected child maltreatment in the home are reported to Childline of Berks County Phone number: 1-800-932-0313.

Prevention strategies to assist staff* in coping with a crying, fussing, or distraught child

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change.

If no physical need is identified, staff will attempt one or more of the following strategies:

-Rock the child, hold the child close, or walk with the child.
-Stand up, hold the child close, and repeatedly bend knees.
-Sing or talk to the child in a soothing voice.
-Gently rub or stroke the child's back, chest, or tummy.
-Offer a pacifier or try to distract the child with a rattle or toy.

La Salle Academy Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

I made the Application

This policy applies to children up to four years of age or in the aftercare program and their families, operators, early educators, substitute providers, and uncompensated providers.

Communication

Staff*

- Within 30 days of adopting this policy, the child care facility shall review the policy with all staff who provide care for children up to four years of age or a child in the aftercare program.
- All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to four years of age or a child in the aftercare program.
- Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgment
- The child care facility shall keep the SBS/AHT staff acknowledgement form in the staff member's file.

Parents/Guardians

- Within 30 days of adopting this policy, the child care facility shall review the policy with parents/guardians of currently enrolled children up to four years of age or in the aftercare program.
- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to four years of age or in the aftercare program on or before the first day the child receives care at the facility.
- Parents/guardians will sign an acknowledgement form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the acknowledgement
- The child care facility shall keep the SBS/AHT parent acknowledgement form in the child's file.

** For purposes of this policy, "staff" includes the operator and other administration staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers.*

9/8/2026
Effective Date

This policy was reviewed and approved by: Elizabeth Fy. Omaha 9/8/2026
Director Date

9/2026 _____ _____ _____
Annual Review Dates

La Salle Academy Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

Parent or Guardian Acknowledgement Form

I, the parent or guardian of _____
Child's Printed Name

acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

_____ _____
Date policy given/explained to parent/guardian Date of child's enrollment

_____
Print name of parent/guardian

_____
Signature of parent/guardian Date

Please sign + return

* Immunizations may be attached • complete the highlighted areas

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME: La Salle Academy		
FACILITY PHONE: 610-777-7392	COUNTY: Berks	WORK PHONE:

☐ I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

☐ YES ☐ NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

Parents may write immunization dates; health professional should verify and complete all data.

MEDICAL CARE PROVIDER:		SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:		TITLE:
	PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & .182; 3290.124 (a) (b), 3290.181 & .182

CHILD'S NAME	DATE OF BIRTH
ADDRESS	
PARENT'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER ( )
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
ADDRESS	
PARENT'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
ADDRESS	

EMERGENCY CONTACT PERSON(S) NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE

PERSON(S) TO WHOM CHILD MAY BE RELEASED NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER
ADDRESS	

SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL SITUATION
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS	SWIMMING
TRANSPORTATION BY THE FACILITY	WADING

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN _____ DATE _____

SIGNATURE OF PARENT or GUARDIAN _____ DATE _____

WHITE COPY (Original) **YELLOW COPY** (Child Care Space) **PINK COPY** (Excursion)

26-27 Aftercare Reservation Form

Due Thursday, the week prior to service

Name _____ Week Attending _____

If you plan to keep the same schedule every week, you are only required to fill this form out once. **It will be your responsibility to alert the office of any changes to your schedule.** If your schedule will change weekly, please submit a new form by Thursday, the week prior to service.

_____ Please use this same schedule every week and I will alert the office of any changes.
Initial here

Enter Date:	Pickup Time	List student(s) attending: name & grade
Monday		1. 2. 3. 4.
Tuesday		1. 2. 3. 4.
Wednesday		1. 2. 3. 4.
Thursday		1. 2. 3. 4.
Friday		1. 2. 3. 4.

Pricing per child:

Picking up between: 2:30 PM to 4:15 PM $15.00
4:15 PM to 5:30 PM $25.00

Annual registration fee $25.00 per family
Add $5.00 per child for every 5 minutes after 5:30pm up to 6:00pm
Add $50.00 per child for every 15 minutes after 6:00pm

_____
Parent/Guardian name, printed & signed - required

AFTERCARE AGREEMENT 2026-27

55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT $ $15.00-$25.00/Day	PER-DAY-WEEK See Aftercare Rules	DAY PAYMENT TO BE MADE Due upon receipt through STS System

Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)

See La Salle Aftercare Program 2026-27 rules and rate information packet or schedule, fees, late fees, ground rules, weekly registration, billing, transportation, questions or concerns

CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
2:30 AM	Varies up to 5:30 PM	See Emergency Contact/Parental Consent Form
LATE FEE $ $5.00 - $50.00	PER MIN-HR See Rate Info	

Extra services to be provided at an additional fee if applicable

I, the parent/guardian;

[X] received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

[X] agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minumum. (§ 3270.124, 3280.124, 3290.124)

Elizabeth Donahue 9/8/26

SIGNATURE-OPERATOR DATE

SIGNATURE-PARENT OR GUARDIAN DATE

DATE OF CHILD'S ADMISSION	PERIODIC REVIEW
DATE OF WITHDRAWAL	SIGNATURE-PARENT OR GUARDIAN DATE