



**Cataldo Care Academic Year 2026-
2027 Before and After School Care
Program FULL WEEK**

Annual Admission Requirements

All required forms must be completed and returned to the school office with registration fees before a child may attend Cataldo Care. The following forms are required:

- ☐ Enrollment Registration Form
- ☐ Parent Responsibilities
- ☐ Payment Agreement
- ☐ Policies and Procedures
- ☐ Emergency Information Form**
- ☐ Immunization Form**
- ☐ Medical Treatment Form/Action Plan Form (if applicable)

** Documents on file in office with completed Fall 2026-2027

Registration

Registration / Material Fee:

\$80 per student

Monthly Payment Structure:

The pricing considers the major breaks in service including Christmas Break, Spring Break, and an abbreviated June, and are spread out over the school year.

Before School Care Only: 7:00am-7:55am

- \$160 per month for 1 student
- \$150 per student per month for 2
- \$135 per student per month for 3+

After School Care Only: 2:30pm-5:00pm

- \$440 per month for 1 student
- \$425 per student per month for 2
- \$410 per student per month for 3+

Before and After School Care

- \$540 per month for 1 student
- \$510 per student per month for 2
- \$495 per student per month for 3 +



**CATALDO CARE 2026-27
ENROLLMENT REGISTRATION
FORM**

Family Name _____

Student(s) attending Cataldo Care: (indicate grade for Fall

2026) Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Parent Name: _____ Phone Number: _____

Parent Name: _____ Phone Number: _____

Please provide 3 additional emergency contacts that will be available to pick up your child(ren) during Cataldo Care.

Name:	Relationship:	Phone Number:
1.		
2.		
3.		

Please list the names of any persons into whose custody your child/children are not to be released. **It is your responsibility to keep this form current at all times.**

Do not release my child (ren) to: _____

Parent/Guardian Initial: _____ **Date:** _____



**CATALDO CARE 2026-27
PAYMENT AGREEMENT**

Please **SELECT** one of the following:

Cataldo Care:

☐ **Before School Care Only**

- ☐ \$160 per month for 1 student
- ☐ \$150 per student per month for 2 students
- ☐ \$135 per student per month for 3 students and beyond

☐ **After School Care Only**

- ☐ \$440 per month for 1 student
- ☐ \$425 per student per month for 2 students
- ☐ \$410 per student per month for 3 students and beyond

☐ **Before and After School Care**

- ☐ \$540 per month for 1 student
- ☐ \$510 per student per month for 2 students
- ☐ \$495 per student per month for 3 students and beyond

Late Charges

\$5.00 per minute for each minute after 5pm

I understand failure to remain current in payments may jeopardize my child's attendance at Cataldo Care.

I understand that registration is not complete until the non-refundable registration fee / material fee of \$80 per student is paid and all required forms are completed, signed, and turned in.

Parent/Guardian Signature: _____ **Date:** _____

_____ ****Please initial here if you would like to have the registration fee charged to your FACTS account. The charge will be made in the next billing cycle.**



**CATALDO CARE 2026-27
PARENT RESPONSIBILITIES**

Parent Responsibilities/Agreements

- ☐ My child(ren) must be signed out daily by a parent, legal guardian, or an authorized pick up person.
- ☐ I must maintain communication with the Program Director/Teacher about my child (ren) and keep them informed of any pertinent changes.
- ☐ If a medical emergency arises, the Cataldo Care staff will first attempt to contact me. If I cannot be reached, they will contact the next person on the authorization pick-up form. If an emergency contact cannot be reached, 911 will be called. If the emergency is such that immediate hospital attention is necessary, the Cataldo Care staff will call an ambulance for transportation to a hospital or emergency care facility. I will be responsible for all costs incurred.
- ☐ A trained Cataldo Care staff may give first aid/emergency treatment to my child in a medical emergency.
- ☐ I am aware that my child may not attend Cataldo Care if he/she exhibits any of the following symptoms:
 - Cough
 - Shortness of breath or difficulty breathing
 - A fever of 100.4° F or higher
 - Sore throat
 - Chills or repeated shaking with chills
 - Headache
 - New loss of taste or smell
 - Muscle aches
- ☐ It is my responsibility to see that my child(ren) is picked up by or before the designated closing time of 5:00pm. If not, I will pay overtime charges that include \$5.00 per child for every minute past closing time to cover Cataldo Care staff overtime.
- ☐ It is my responsibility to cover any costs incurred by my child in the form of damage to church or school property.



- ☐ I understand that my child is to always show respect to both children and adults while associated with the Cataldo Care program. I also understand that my child may not intentionally harm anyone. Failure to follow these rules will result in their dismissal from the Cataldo Care Program.
- ☐ I understand that I will be billed automatically each month via FACTS for my Cataldo Care monthly rate fee.
- ☐ I understand that I will be billed for the full month for each month that Cataldo Care is open, and that the pricing monthly considers the major breaks in service including Christmas Break, Spring Break, and an abbreviated June, and are spread out over the school year.
- ☐ I understand and agree to abide by the above parent responsibilities and billing procedures.
- ☐ I give permission for my child(ren) to utilize unlicensed spaces, such as the black top and other classrooms.

Parent/Guardian Signature: _____ **Date:** _____



CATALDO CARE 2026-27 POLICIES & PROCEDURES

Asthma and Allergic Reactions

If your child is at risk for a serious allergic reaction or has the potential for the need for asthma treatment, please provide us with a complete emergency action/care plan. Ask a Cataldo Care member for the form to complete.

Child Abuse and Neglect Policy

All school personnel and/or volunteers have reasonable cause to believe that a child has suffered abuse, or neglect shall report such incident pursuant to and in compliance with Diocesan Policy 5141.5 and RCW 26.44.030.1

Head Lice

Any student found to have head lice, nits, or egg cases shall be excluded from school until all head lice, nits, and egg cases have been completely removed from the child, as verified by designated school staff (Diocesan Policy 5141.7)

Illness

Children with any of the following symptoms will not be permitted to remain in care:

1. Fever of at least 100.4° F (temporal)
2. Vomiting
3. Diarrhea
4. Rash with fever or itching
5. Eye discharge or conjunctivitis (pink eye) until clear or until 24 hours of antibiotic treatment
6. Sick appearance, not feeling well and/or not able to keep up with program
7. Open or oozing sores, unless properly covered and 24 hours have passed since starting antibiotic treatment, if necessary.
8. Lice or scabies: For head lice, children may return to childcare after treatments and there are no nits. For scabies, children may return after treatment.

Children with the above signs and symptoms will be separated from the group. Staff members will follow the same exclusion criteria as children. The parent/guardian or emergency contact will be notified to pick up the child.

Following an illness or injury, children will be readmitted to the program when they no longer have the above symptoms and no longer have significant discomfort.

The parent/legal guardian will be notified in writing, either by letter or posting notice in a visible location, when children have been exposed to a communicable disease.



If COVID-19 or other illness Symptoms Develop

- The sick person will be separated and cared for in a designated area away from the rest of the group until he or she can leave the facility.

Returning to Cataldo Care After COVID-19 Exposure

- A staff member or child who has tested positive for COVID-19, or is exhibiting COVID-19-like symptoms will be subject to the flowchart regarding quarantining and return to Cataldo care. This flowchart will be updated if any new iterations are made by the Spokane Regional Health District (SRHD).

If a child or staff member tests positive for COVID-19, we will follow the direction of SRHD regarding quarantining of students and staff.

Medication Management

Cataldo Care can give your child medication when we have prior written consent from a physician and a parent/legal guardian. This includes administration of any over-the-counter medications. Please fill out a **Medication Request Form**. If you have any questions, please ask a staff member.

Personal Possessions

Cataldo Care is fortunate to have a large variety of toys and manipulatives with which your child can play and learn. Parents are asked not to send toys and personal play items from home because of the possibility of loss or damage.

Pesticide Policy

Pesticides and fertilizers may be used on or around the Cataldo Care property. When these products are used, 48-hour prior notification will be clearly posted. These applications take place when children are not present, and every effort is made to allow several days following an application before children are on school grounds.

This notification will include the following:

- Product name of the pesticide being used.
- Intended date and time of application.
- Location where the pesticide will be applied.
- Pest to be controlled.
- Name and number of contact facility.
- These markers will be:
 - Placed at each primary point of entry to the center grounds.
 - A minimum of four inches by five inches.
 - Printed in colors contrasting to the background.
 - Left in place for at least 24 hours following the pesticide application if a longer restricted period is stated on the label.

**Signing In/Out Procedures**

Washington State Administrative Code 170-295-7030 requires each child to be signed in and out each day. Prior notice of any person other than a parent/guardian picking up your child is required. Any adult unknown to the Cataldo Care staff will be asked to identify him/herself prior to the release of your child.

Snack

We ask that you prepare a healthy snack for your child and send it with them for Cataldo Care. Cataldo Care is a NUT FREE program, due to the number of students enrolled with severe nut allergies.

Sunscreen

If you would like us to put sunscreen on your child, please fill out the sunscreen permission form and return it with the sunscreen you would like to be used on your child. We must have this signed form to be able to apply sunscreen.

Transportation

Transportation to and from Cataldo Care is the responsibility of the parent/guardian. Children will not be transported by staff members.

I have read the above Policies and Procedures, and I understand that a more detailed Standard Response Protocol and Health Care Plan are available on the Cataldo Website and on site at Cataldo Care.

Parent/Guardian Signature: _____ **Date:** _____



COOKING & FOOD ACTIVITIES PERMISSION FORM

Cataldo Responsibility:

We do the following to keep all children safe during cooking/special snack activities:

- Provide individual set of ingredients and materials for each child to use
- Use freshly washed cooking/serving utensils, wipe down tables before and after cooking.
- Wash hands before cooking and eating
- Read the ingredient list and manufacturing information
- Cross reference students present/participating with posted life-threatening allergen information
- Verbally confirm with each child who has a food allergy whether the food is safe and help students to manage their own food allergies
- Model respect and care for students with food allergies
- Prepare for and respond to all food allergy emergencies

ACTIVITY INFORMATION

My student(s) have permission to eat a snack that is made at school if deemed safe by a staff member.

Parent/Guardian Signature: _____ **Date:** _____



Allergy Information

Does your child have any allergies?

☐ No known allergies (If checked "NO", skip to Signature section)

☐ Yes (If checked "YES" Please complete all sections below)

Type of Allergy (check all that apply)

☐ Food Allergy ☐ Environmental (pollen, grass, mold, dust, etc.) ☐ Insect Sting (bee, wasp, etc.) ☐ Medication ☐ Latex ☐ Other: _____

Specific Allergen(s)

(Example: peanuts, dairy, eggs, gluten, strawberries, penicillin, cats, etc.)

Reaction Details

What symptoms does your child experience? (check all that apply) ☐ Mild (itching, hives, runny nose) ☐ Moderate (swelling, vomiting, difficulty breathing) ☐ Severe / Anaphylaxis

Please describe typical reaction(s):

How quickly do symptoms appear after exposure? ☐ Immediately ☐ Within 30 minutes ☐ Within 1–2 hours ☐ Other: _____

Medical Treatment & Emergency Plan

Does your child require medication for an allergic reaction? ☐ No ☐ Yes (check all that apply): - ☐ EpiPen / Auto-injector - ☐ Antihistamine (Benadryl, etc.) - ☐ Inhaler - ☐ Other: _____

Will medication be provided? ☐ Yes ☐ No

Special instructions for staff (storage, administration, warning signs):

Authorization & Acknowledgement: I confirm that the information provided above is accurate and complete. I understand it is my responsibility to update any changes to my child's allergy or medical needs.

*****Parent/Guardian Signature:** _____ **Date:** _____



Cataldo Care 2026–2027 Closed Dates

Cataldo Care follows the Cataldo School calendar and will be closed on the following days:

September 2026

- September 7 – Labor Day / No School
- September 25 – Teacher In-Service / No School
- September 28 – Diocesan In-Service / No School

October 2026

- October 15–16 – Parent/Teacher Conferences / No School
- October 19–20 – Fall Break

November 2026

- November 11 – Veterans Day / No School
- November 25 – 11:00 AM Dismissal
- November 26–27 – Thanksgiving Holiday / No School

December 2026

- December 18 – 11:00 AM Dismissal
- December 21–31 – Christmas Break

January 2027

- January 1 – Christmas Break
- January 15 – Teacher In-Service / No School
- January 18 – Martin Luther King Jr. Day / No School

February 2027

- February 12 – Teacher In-Service / No School
- February 15 – Presidents' Day / No School
- February 16–19 – Winter Break

March 2027

- March 10–11 – Parent/Teacher Conferences / No School
- March 12 – Diocesan In-Service / No School
- March 26 – 11:00 AM Dismissal
- March 29 – Easter Monday / No School

April 2027

- April 9 – Teacher In-Service / No School
- April 12–16 – Spring Break

May 2027

- May 28 – Teacher In-Service / No School
- May 31 – Memorial Day / No School

June 2027

- June 17 – 10:00 AM Dismissal / Last Day of School