



# BEFORE & AFTER CARE

330-549-4075

## Admission Eligibility

Any student enrolled in kindergarten through sixth grade at South Range Local Schools.

## Admission Registration Policy

A registration form with emergency contacts listed must be submitted with appropriate fees to the BEFORE & AFTER CARE program main office before the child will be admitted into the program. No child will be admitted if there is an outstanding balance on any school account.

## Scheduling Policy

Parents/Guardians must fill out Scheduled Day/Hours form and return it to the BEFORE & AFTER CARE coordinator before the beginning of the child service dates. The form allows a parent/guardian to submit a Permanent, Weekly, or Bi-weekly schedule for the child. The parent/guardian shall submit a revised form as changes occur. All effort will be given by the parent/guardian to keep the BEFORE & AFTER CARE staff aware of the child's service dates and times. No child will be accepted with out this form prior to the day of attendance.

## Late Policy

If a parent/guardian is more than thirty (30) minutes late at the end of the program day (5:30 PM), the coordinator will contact an authorized person listed on the registration form to pick up the child. The coordinator will also inform the director of the situation.

A penalty fee for late pick up will be assessed at \$1.00 per minute after 5:30 PM, closing time, determined by the official school time. A copy of the late pick up form must be completed by the site coordinator and signed by the parent/guardian who retains the original. This fee MUST be paid by the 15<sup>th</sup> of the following month or a suspension of the services provided will be upheld. (see Payment Policy)

## Inclement Weather Policy

Announcements concerning closings will be made on local radio and TV stations, on South Range School closing information line and through One Call. Parents are responsible for staying apprised of school closings. Parents should also have an alternate plan on file with the school.

Two Hour Delays: When schools operate on a two hour delay Before Care will not be available.

Full day closings and/ or Holidays: BEFORE & AFTER CARE will be closed when school is not in session due to weather-related conditions and holidays.

## SUSPENSION POLICY

Parents/Guardians are required to pick up their child immediately if called because of inappropriate behavior. Parent/Guardian will be notified if the child's behavior warrants suspension. Fights, physically hurting or attempting to hurt another child or teacher intentionally, inability to regain control of his/her temper, obscene or inappropriate language and/or behavior, being disrespectful in an intense manner, leaving the program or behavior contract consequence, may result in suspension. Three (3) suspensions in one school year may result in permanent expulsion from the BEFORE & AFTER CARE program. Once expelled, the child will not be readmitted to the BEFORE & AFTER CARE program.

## Withdrawal Policy

Parents/Guardians must notify the BEFORE & AFTER CARE program main office of their intent to withdraw the child during the child's last week of attendance. If the child is absent from the BEFORE & AFTER CARE program for two (2) consecutive weeks without prior notification, the child will be automatically withdrawn.

## Tuition/Fees

Tuition is based on enrollment status. Fees are subject to change.

Morning/Afternoon Session:	\$5.00 per hour for the first child
AM 6:30 AM-7:40 AM	\$4.00 per hour for the second child in the same primary family
PM 2:20 PM-5:20 PM	\$3.00 per hour for the third child in the same primary family

After the 1<sup>st</sup> hour, there will be half hour increment payments. (1/2 of the per hour fee stated above)  
Late Pick Up fee: \$1.00 per minute after 5:30 PM  
The minimum charge per day is \$5.00.

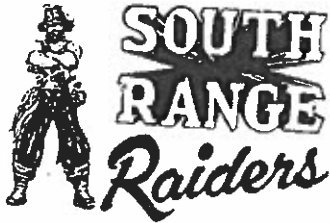
## Payment Policy

The child will not be permitted to continue in the BEFORE & AFTER CARE program if his/her account has an outstanding due balance for over one (1) week. The tuition due account balance notification will be delivered to the child's BEFORE & AFTER CARE program correspondence "mailbox" in the program room on Mondays. The amount due is for the previous week's service provided. All payments of cash or checks made out to *South Range Local Schools* shall be placed in an envelope, clearly marked with the child name and ATTN: BEFORE & AFTER CARE program. The payments can be sent in with the child via their school correspondence folder (if applicable), and/or given to the BEFORE & AFTER CARE program director or staff.

Payment for a late pick up fee (see Late Policy) MUST be paid by the 15<sup>th</sup> of the following month or a suspension of the services provided will be upheld.

## Food Consumption

There will be no snacks provided by the program to the child. The child must purchase any food/drinks via the cafeteria with their Student account or bring the items from home. All food/drinks will be consumed in the cafeteria, not the program room. The cafeteria will not be open on Fridays. Please supply a snack for your child on those days.



# BEFORE & AFTER CARE

## Scheduled Days/Hours

To assist with proper coverage for the students needing care, please fill this form out completely as possible. We understand that issues may arise and will be dealt with as needed. Thank you for your time and attention to this request. 😊

Multiple Children? Please fill out a form for EACH Student. Thank you!

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Bus # (if applicable): \_\_\_\_\_

Car Rider: Yes/ No

Type of Schedule: (Please indicate)

\_\_\_\_\_ Permanent (There will be NO foreseen changes made)

\_\_\_\_\_ Bi-Weekly (New schedule will be expected once every two weeks)

\_\_\_\_\_ Weekly (New schedule will be expected once every week)

Fees:	
1 <sup>st</sup> child :	\$5/Hr
2 <sup>nd</sup> child:	\$4/Hr
3 <sup>rd</sup> child:	

Schedule: (For Permanent schedules you do NOT need dates. For Bi-weekly or Weekly Schedules ENTER IN DATES)

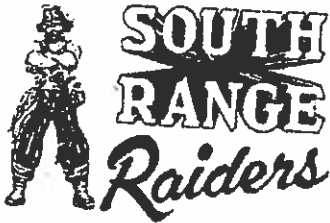
Month of:	Dates: -				
Times	Mon	Tues	Wed	Thurs	Fri
AM Start:					
PM End:					

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



# BEFORE & AFTER CARE

## Child Registration

Child's Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M/F Name called at school: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Bus # (if applicable): \_\_\_\_\_ Car Rider? Y/N

**ALLERGIES/MEDICAL PROBLEMS/CONDITIONS:**

Medical Physician Name & Phone: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

Requires medication during before/after school hrs.? Y/N Only prescribed medications may be administered by staff.

Clearly list medications: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

Address: \_\_\_\_\_

Place of employment: \_\_\_\_\_ email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

Address: \_\_\_\_\_

Place of employment: \_\_\_\_\_ email: \_\_\_\_\_

**Two LOCAL emergency contacts MUST be listed below:**

1. Name: \_\_\_\_\_ Phone: H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

Persons with permission to pick up child (other than the parents/guardians/emergency contacts): \_\_\_\_\_

When one parent requests that their child not be release to another parent, appropriate custodial paperwork, such as a court order, must be on file in the school office.

Generalized Schedule: Please circle days : M T W T H F Session enrollment: Please circle session(s) AM 6:30-7:30 /Pm until 5:20

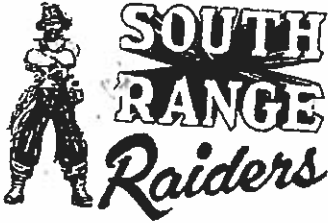
I agree to pick up my child as possible if s/he becomes ill. If I cannot be reached, I understand that persons listed as emergency contacts may be contacted to pick up my child.  
In case of an emergency, if South Range is unable to reach me, I give permission for South Range to take such emergency action as it considers necessary and I give permission for any treatment prescribed by the attending physician. I agree to be responsible for all charge incurred in treatment of my child regardless of whether my insurance covers such charges.  
If I am later that 5:30 PM picking up my child and cannot be contacted within 15 minutes, I give permission for any authorized person listed to be contacted to pick my child.  
I understand that I am responsible for the payment of all fees when they are due.

I certify by my signature below that the information provided is correct and I have read and understand the above information.

Fraudulent information may result in expulsion from program. Both signature required for joint account responsibilities and privileges.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# BEFORE & AFTER CARE

## Policy Acknowledgement

I have read and fully understand the BEFORE & AFTER CARE program policies. I acknowledge that I have received a copy of these policies and have had any questions answered to my satisfaction. Additionally, as a parent or guardian of an enrolled child, I agree to follow these stated policies.

Child's Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
BEFORE & AFTER CARE Representative Witness Signature

\_\_\_\_\_  
Date