

Bethel After-School Program

Bethel Christian Academy operates a ministry to families of BCA students who need child care during the after-school hours on school days. This ministry is called Bethel After-School Program. When BCA is closed "Bethel After-School" is closed.

MISSION AND PURPOSE: Bethel's After-School Program strives to support families whose children attend BCA by providing Christian supervision to those children who remain at school after 3:00.

PROGRAM: The Elementary After-School Program is for children age five through 5th grade. The Middle School After-School Program is for 6th through 8th graders.

SCHEDULE: After-School will begin on BCA's first school day and end the last day of school. We are open on BCA school days from 3:00 p.m. - 5:30 p.m. and Noon - 5:30 p.m. on ½ school days. The Middle School Program will be a study hall environment from 3:00 p.m. – 4:30 p.m. At 4:30 the Middle School will join the Elementary After-School.

CALENDAR: Holidays on which we BCA and After-School are closed:

- Labor Day ⇒ September 4
- Educator's Convention ⇒ September 27-29
- Fall Festival ⇒ October 27
- Thanksgiving ⇒ November 22-24
- Christmas ⇒ December 20-29
- New Year's ⇒ January 1-2
- MLK Day ⇒ January 15
- Presidents' Day ⇒ February 19
- Good Friday ⇒ March 30
- Easter Week ⇒ April 2-6
- Memorial Day ⇒ May 28

COST: **REGISTRATION** \$ 30.00 *per child* - (non-refundable)

MONTHLY \$140.00 *per child* - 9 payments ⇒ September through May
Monthly payments must be paid no later than the 10th of each month. If payment is not received by the 10th, the child will be REMOVED from After Care.

DAILY \$ 10.00 *per day* - for each school day your child is present between 3:00 – 5:30 p.m.
\$ 12.00 *per day* - between the hours of 12:00 – 5:30 p.m. when school is dismissed early.
\$ 4.00 *per day* - for students who are in Aftercare less than one hour.

A LATE CHARGE will be assessed if the student's pickup ride is late. Our staff is employed until 5:30 p.m. We fully expect all students to be picked up by 5:30 p.m. For each 5 minutes a parent is late, there will be a charge of \$5.00. This will be charged through the Business Office.

Example: 5:35 - \$5.00
5:40 - \$10.00
5:45 - \$15.00

GENERAL INFORMATION: Students are not permitted to stay in the Program with fever, vomiting, or diarrhea.

DISCIPLINE: Students are expected to **cooperate** with Program workers. We expect parents to support this, and will ask parents to come get **uncooperative** students. Our program is set up to accommodate **cooperative** children.

Discipline Procedure

Minor acts of misconduct are those which interfere with the orderly and safe operation of our After-School Program, such as disorderly conduct, disrespect, repeatedly not following instructions, etc. Such behavior, when not habitual in nature, will ordinarily be handled as follows:

1. By the teacher/staff member directly responsible for the child.
2. Counseling by the teacher/staff.
3. Warning, loss of privilege, time-out, etc.
4. Parental notification if such behavior persists after 2 attempts by the teacher to correct it.
5. Continued misbehavior will result in a conference with the Program Director.

Intermediate and **Major** acts of misconduct are those directed toward other students, staff, or property such as fighting, defiance, profanity, vulgarity, stealing, untruthfulness, deception, dishonesty or destruction of property. Such behavior will ordinarily be handled as follows:

1. Conference with Program Director.
2. Parents will be informed immediately.
3. If serious problems continue, withdrawal from program will be expected.

****NOTE:** It is our desire to make our After-School program as successful and as positive an experience as possible for all families. It will assist us greatly if you, as parents, will help us as we strive to create the best atmosphere for our program. As we work together, we are sure that this will be the end result! Thank you for your support and help with our discipline procedures.

If a problem does arise regarding how policies were followed, please execute the following procedures:

1. Contact the immediate staff person responsible for your child before contacting the Program Director.
2. Handle the matter as privately as possible.
3. Handle the matter as lovingly as possible.
4. If support or reconciliation cannot be reached at that level, contact the Program Director.
5. If #4 is not satisfactory, contact our school administrator.
6. If resolution or support cannot be reached after exhausting the preceding steps, we kindly ask that your child be withdrawn from our After-School program.

Registration Form

Child's Name _____ Grade Entering _____

Address _____

Home Phone _____

Father's Name _____

Work Phone _____

Mother's Name _____

Work Phone _____

Emergency Contact Name _____ Phone _____

In case of accident or serious illness, I request the school to contact me. If it is impossible to contact me, the school may make whatever arrangements deemed necessary.

Parent's Signature _____ *Date* _____

Please indicate below how you want to be charged for Aftercare: (If no indication is made, students will be charged the daily rate.)

___ **MONTHLY** - \$140.00 per month (September through May)

___ **DAILY** - \$ 10.00 per day for each school day your child is present
between 3:00 – 5:30 p.m.

\$ 12.00 per day between the hours of 12:00 – 5:30 p.m.
when school is dismissed early.

\$ 4.00 per day for students who are in Aftercare less than one hour.

Child Pick-Up Form

We must have, on file, the names and phone numbers of the individuals permitted to pick up your child from After-School. If someone comes to pick up your child and we do not have his/her name in our file, we cannot allow your child to leave with that person.

NAME	PHONE
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____

For added security, if you desire, list a password in the blank provided. The After-School program will keep a copy of the security password on file.

Please list any person(s) **NOT** allowed to pick up your child. (Please note: In the case of a divorce or separation, a copy of a form by the court must be on file.)

_____	_____
_____	_____

Parent's Signature _____ *Date* _____

Medical History/Emergency Form

Student's Name _____ Birth Date _____

Address _____ Home Phone _____

Mother _____ Work Phone _____

Father _____ Work Phone _____

Do other children attend our Program? YES NO

If so, please list names _____

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

Hospital preference in case doctor or parent cannot be reached _____

Persons who could care for your children in case parent cannot be reached:

Name _____ Home Phone _____

Name _____ Home Phone _____

Explain **IN DETAIL** any health considerations: _____

Medications _____

Allergies _____

Date of last:

Physical Exam _____ Eye Exam _____ Hearing Test _____

Parent's Signature _____

Date _____

Illness/Injury Form

The following is a list of policies for illness at the After-School Program, procedures to be followed by our Program staff, and procedures for picking up your child in case of illness or injury. Also included is a list of medications available to your child for minor medical complaints.

You will be notified if the following is exhibited:

1. Elevated temperature.
2. Frequent complaints for the same problem.
3. Injury requiring a doctor or hospital attention.

Medicines will be administered under the following conditions **ONLY**.

1. Signed permission of the parents.
2. Discernment of the Program Director.
3. Documentation of medication administered.

Procedure for medicinal disbursement:

1. Completion of this authorization form.
2. Medication must be in the **original pharmacy labeled container**.
3. Parent must provide the medication.

You will be expected to pick up your child if:

1. An elevated temperature is experienced.
2. The child vomits while at After-School.
3. The child exhibits signs of a contagious illness (chicken pox, mumps, etc.)

Initial the medications that you give permission to the After-School Program staff to administer to your child:

- ___ Benadryl Cream
- ___ Caladryl
- ___ Solarcaine (sunburn)
- ___ Antibiotic Ointment

I give the After-School Program staff permission to administer the medications initialed above.

Parent's Signature _____ ***Date*** _____