



AFTER SCHOOL CARE INFORMATION

The purpose of the After School Care program is to provide a safe, loving and enriching environment for children and to assist them in their physical and educational growth.

- Children in the K4 through 6th grades will be accepted into the After School Care program
- Hours of operation: Monday through Friday from 3:00 p.m. to 6:00 p.m. during FULL school days.
- Any lower school student who is not picked up within 15 minutes of dismissal will go to the After School Care Program and parents will be responsible for paying for costs incurred.
- Fees pay for the director of the program, after school snacks, and materials.

There are two options available:

1. Regular weekly attendance; fixed weekly rate billed in 10 monthly installments on tuition statement regardless of attendance
 - \$21.00/weekly rate; \$14.00/week for additional children
2. Drop-in service for occasional use; a flat hourly rate day of service to be paid and time of pick-up
 - \$3.50/hour drop-in rate (1/2 hour minimum); balances not paid at time of pick-up will incur a billing fee of \$1.00/hr

Please Note: \$21 weekly rate discounted rate is more economical for those attending 6 or more hours a week.

Pick-up Procedure:

All children attending the After School Care program must be signed out by their parents, legal guardians or authorized persons when picked up each day. The After School Care Director will provide a sign-out sheet daily. **Children who are not picked up by 6:00 p.m. will be charged a late fee of \$1.00 per minute for each minute late.**

If a child becomes sick during After School Care, parents will be notified and arrangements must be made to pick up the child as soon as possible. In the event of an **Emergency**, please call and let us know the designated person that will be picking up your child. It is your responsibility to make every effort to see that your child will be picked up on time.

Schedule:

- 3:00 – 3:15 pm Teachers bring all children that have not been picked up to after school care (cafeteria).
- 3:15 – 4:00 pm Children will have a snack and do homework or have playtime.
- 4:00 – 5:15 pm Outside playground time (weather permitting).
- 5:15 – 6:00 pm Move to the front foyer for pick up

Registration:

Parents must register their children for the After School Care program by completing the Registration/ Emergency Treatment Form on the back of this page and signing the agreement below. This form **must be completed** for regular attendees **and** for those utilizing the drop-in service in order for your child to attend the After School Care program.

After School Care Agreement

My signature below is to certify that I have read the After School Care information, understand its content, and agree to comply with the rules as outlined. In the event of an illness or injury that requires immediate medical treatment and I cannot be reached, I give permission for staff or other personnel of Shoals Christian School to authorize such treatment for my child. I will not hold the school, personnel of the school or medical personnel responsible. This is done with the understanding that every attempt will have been made to reach the parents, the child's physician, and other persons listed on this form.

Please select payment option below:

- Regular weekly attendance 1st child (Will be billed monthly with tuition) \$84.00
Additional child (Will be billed monthly tuition) \$56.00
- Drop-in ½ hour minimum; **must** be paid at time of pick-up. \$3.50/hr
Balances not paid at time of pick-up will incur a billing fee of \$1.00 per hour.

Parent or Guardian Signature

Date

(please turn over and complete reverse side)



AFTER SCHOOL CARE REGISTRATION/EMERGENCY TREATMENT FORM

Child: _____ Child: _____ Child: _____

Birth date: _____ Birth date: _____ Birth date: _____

Address: _____

Doctor: _____ Dr. Phone: _____

Insurance: _____ Group ID Number: _____

Father: _____ Mother: _____

Home phone: _____ Home phone: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Please list all allergies your child(ren) may have to medication, food, etc.

Please list any medical problem relating to your child(ren) that we should be aware of.

Others person(s) to contact in case of an emergency if parents are unreachable:

| | | |
|-------|-------|--------------|
| _____ | _____ | _____ |
| Name | Phone | Relationship |

| | | |
|-------|-------|--------------|
| _____ | _____ | _____ |
| Name | Phone | Relationship |

Person(s) authorized to pick-up my child(ren):

| | | |
|-------|-------|--------------|
| _____ | _____ | _____ |
| Name | Phone | Relationship |

| | | |
|-------|-------|--------------|
| _____ | _____ | _____ |
| Name | Phone | Relationship |

| | | |
|-------|-------|--------------|
| _____ | _____ | _____ |
| Name | Phone | Relationship |

PERMISSION FOR HOMEWORK

Please indicate if you would like child to begin their homework during After School Care. Please keep in mind that the younger students (K5 – 1st grade) will need their parent(s) to supervise their homework.

Yes, I do want my child, _____, to begin on their homework during After School Care.

No, I do not want my child, _____, to begin on their homework during After School Care.