

# Island School

## After School Care Handbook



## PROGRAM PURPOSE

The purpose of the Island School extended childcare program is to provide your child with a safe, home-like environment after school.

We will have activities for the children and hope to encourage your child's natural curiosity. A regular day will consist of snack, homework time and academic activities. Our activities will be geared toward social interaction, physical activity and increasing your child's knowledge of the world around him/her.

Your child will have the opportunity to participate in fun, interesting, and hopefully, challenging activities. These activities are designed to:

- Provide your child with a sense of belonging.
- Encourage your child's sense of self-worth and self-confidence.
- Encourage creativity.
- Help your child learn to make his/her own choices and solve problems.
- Promote and develop your child's sense of independence and natural "survival skills."
- Encourage and provide time for exploration into areas of special interest to the children in the program.
- Lastly, it is the goal of this program to guide, supervise and most importantly, listen to each child as an individual with individual needs and interests.

## HOURS OF OPERATION

The Island School childcare program operates Monday through Friday (excluding legal holidays and school holidays).

### PROGRAM HOURS

**MONDAY: 1:05 P.M. – 6:00 P.M.**

**TUESDAY – FRIDAY: 2:50 P.M. TO 6:00 P.M.**

If your child is not picked up by 6:00 p.m. there will be a \$5.00 late fee for every five minutes you are late. 6:01 pm – 6:05 p.m., is \$5.00, 6:06 p.m. – 6:10 p.m., is \$10.00 etc. We understand that there may be times when an emergency occurs, but anyone **violating the late policy three times, will be excluded from program participation.**

The after school care program will have occasional early out pickup days.

The after school care program will be closed on legal holidays and school holidays. These include: Labor Day, Columbus Day, Veterans Day, Thanksgiving Day and the day after, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Martin Luther King Day, President's Day, Memorial Day, and Independence Day.

The after school care program will not operate on the last day of school.

**Please note: Children must be signed out of the program by a parent or guardian (children will be signed in by the after school care aide during the school day).**

### **NUTRITION, HEALTH AND SAFETY**

A snack will be provided each afternoon on regular school days.

There will usually be no fee for your child's snack, although a small fee may be asked for occasional special events. In such cases, you will be notified in advance.

**HEALTH:** You are required to complete a health history (on the registration form) and emergency care authorization for your child.

**ILLNESS:** Children who are ill **MAY NOT** attend the after school care program. Children with symptoms such as fever, head lice, vomiting, diarrhea, and/or skin rashes cannot be accepted.

**CHILD ABUSE:** State law requires that teachers and other program staff report known or suspected abuse to Child Protective Service workers and to local police officials.

#### **BEHAVIOR**

**EXPECTATIONS:** *Participation in this program is a privilege and children are expected to follow the District's School Rules as described in the Student Handbook. The District's Discipline Procedure as described in the Student Handbook also applies to this program. This includes but is not limited to the cell phone no use policy located in the student handbook on page 21. Children who are unable to follow rules and procedures will be dropped from the program.*

### **ENROLLMENT REQUIREMENTS**

Enrollment is open to Kindergarten - 8<sup>th</sup> grade students of Island School.

**AFTERNOON ONLY.** It is required to follow the enrollment plans only. Your child must

be enrolled in the program in order to participate.

### FEE POLICY

1. Fees for full and part time students are based on enrollment, not attendance.
2. There will be no refunds for full and part time student absences.
3. **Fees must be paid in advance.**
4. A late fee of \$15.00 will be charged if your bill is not paid by the 5<sup>th</sup> of the month. The enrollment fee and the late charges must be paid by the 15<sup>th</sup> of the month. **If your bill remains unpaid on the 15<sup>th</sup> of the month then your child will be dropped from our program on the 16<sup>th</sup> of the month.**
5. A fee will be applied for late pickup of children. Children will be dropped from the program on the 3<sup>rd</sup> late pick-up.
6. A two week written notice of withdrawal is required.
7. A \$15.00 charge will be charged for returned checks. If more than one (1) NSF check is received, you will be placed on a cash basis only for the remainder of the year. If this occurs the following year, you will be placed on a permanent cash basis.
8. Parents needing a temporary withdrawal from payment must communicate in writing in advance. ***This is only for parents who are in an emergency situation.***
9. Children must be signed out by parent or guardian.
10. Children scheduled to attend the after school care program will not be released to ride the bus unless a note is left at the office or called into the office before 11:00 a.m.

**Please sign below and return to Island Union Elementary School no later than August 15th, 2017.**

I have read and agree to adhere to the policies in the After School Care Handbook for Island Union Elementary School District during the 2016-2017 school year.

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Parent Name (Please Print)

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Phone Number

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Parent Signature

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Date



## Island After-School Program

Island Union School District is once again offering a fee based after school care program. The After-School Program will be designed as an extension of the regular school day. This program is specifically intended to assist each participating student to better realize his/her academic potential and work toward achieving grade level objectives. The program will provide **homework assistance, enrichment activities, a nutritious snack, and recreation activities.**

The After-School Program provides theme-based and fun learning for your child. Lessons are designed to increase critical thinking skills. Individual and small group instruction with "hands-on" learning will be sure to assist your child with school success.

The program will follow Island's school calendar, with the exception of closing early due to programs for school beginning before 6 pm. The hours for the program will be as follows:

Mondays 1:05 p.m. - 6:00 p.m. and Tuesday-Friday 2:50 p.m. - 6:00 p.m.

The following suggested fees for 2017-18 will be as follows:

\_\_\_ Full time fees – \$180.00 per month - students must be picked up by 6:00 p.m. each day. Fees for December \$165 and June will be at a daily drop in rate.

\_\_\_ Part time fees – \$125.00 per month - students must be picked up by 4:00 p.m. each day. Fees for June will be at a daily drop in rate.

\_\_\_ Drop off - \$15.00 per day- students must be picked up by 6:00 p.m.

**The above rates are only suggested rates and actual rates will be determined by the number of participants.**

All participating students will need to be signed up in advance and payment must be made in advance. Additional fees will apply if student is picked up late. Payment will be due by the first week of the month. A late fee will apply if paid after said date. **Drop off will need to be paid for in advance.**

If you are interested in the after school care program above please write student(s) names below and check above if interested in Full time, Part time or Drop off. **If interested in participating in the above program please return completed form to the school office.**

Student Name \_\_\_\_\_ Student Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Island Union School District

7799 - 21<sup>st</sup> Avenue

Lemoore, CA 93245

Phone (559) 924-6424 - Fax (559) 924-0247

## 2017-18 AFTER SCHOOL CARE PROGRAM

### I. Student Information: (PLEASE PRINT)

\*Please use student's legal name.

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
Gender (Please Circle) M F Date of Birth \_\_\_\_\_ Race \_\_\_\_\_

Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

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

Other family members attending after school care program \_\_\_\_\_

Primary Language \_\_\_\_\_ Language Spoken in home \_\_\_\_\_

Does your child have a significant physical condition or health concern? (If, so, please explain)

### II. Pick-up Information - (PLEASE PRINT)

Please complete the following: Authorized persons (family members, etc.)

### III. Emergency Contact Information - (PLEASE PRINT)

Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact #3 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Pupil's Physician \_\_\_\_\_ Phone# \_\_\_\_\_

**By signing below I understand and agree that in case of accident or serious illness, I request school personnel to contact me, alternate authorized persons, or the named physician. If it is impossible to contact me, authorized persons, or the physician, the school personnel may make emergency arrangements as necessary to care for my child.**

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

Date \_\_\_\_\_

**PLEASE RETURN THIS FORM TO YOUR SCHOOL AS SOON AS POSSIBLE**

Superintendent: Charlotte Hines

Board of Trustees: Carey Alves, Howard Clarke, James McCann, Jill Naylor, Kellee Wheatley