

Belmont Community School  
**After School Program**  
Parent Handbook

**Belmont Community School**  
**762-5131**

## **Enrollment Policy**

The after school child care program is for Belmont Elementary children grades PK-8 on a first come first serve basis. There are a limited number of slots available. Only enrolled students will be allowed to attend.

## **Fee Policy**

Funds for this program will be provided by the district and fees paid by the families involved. Fees will be a flat daily fee per child of \$5.00. On early release days the fee is \$10.00 per day per child. Payments need to be made on a weekly basis.

In addition, a \$15.00 registration fee is due at the time of registration.

## **Hours of Operation**

Hours for the program will be 3:00-6:00 p.m. each day that school is in session.

**If school is closed the after-school program will also be closed.**

However, on early release days we will operate until 6:00p.m. We will expect all children to be picked up prior to 6:00 p.m. A significant late fee of \$3.00 per minute will be charged and enforced.

## **Payment Policy**

Payments need to be made on a weekly basis to keep the program running. Children will not be accepted for care when the payment is two weeks overdue. Payments may be made by cash, check or money order and may be paid in the elementary office or at the after-school program.

## **Absence Policy**

Please notify us if your child will not be attending the after-school program by sending a signed note or calling the elementary office at 762-5131 by 3:00 p.m.

## **Snacks**

We will provide a daily snack and periodically the children will participate in the preparation of the snack. Children are welcome to bring a snack for the group for special occasions.

## Release of Children

We insist that the person picking up the child enter the After-School Program Room and sign out the child. If someone comes to pick up a child and we do not have that person's name on your authorized list or in a separate note from the parent we will not let the child go with that person, even if the child seems to know him or her. We will take the person's name and explain that we must call the parent or another authorized individual. After we reach the parent or other person on the child's enrollment form, the child may leave with the person waiting.

In the case that the parent is not on time picking up his/her child, we will try contacting the parent and/or an authorized person. The program will be charging \$3.00 per minute after 6:00 p.m.

Before a child is allowed to leave their work and play areas will be clean and orderly.

A sign-out sheet will be posted. The parent or authorized person's signature is **required** before the child is allowed to leave.

## Illness Policy

If a youngster has a temperature of 100 degrees or more, has a contagious disease or is vomiting a parent or other authorized person will be called.

Infectious diseases include but are not limited to the following:

Acquired Immune Deficiency Syndrome	Influenza virus
Ameobiasis	Lice
Campylobacter	Measles
Chicken Pox	Mononucleosis virus
Chlamydia	Mumps
Cytomegalovirus	Rotavirus
Gastrointestinal viruses (Norwalk Agent Rotavirus)	Salmonella bacteria
Giardiasis	Scabies
Gonorrhea	Shigella Bacteria
Hepatitis B virus	Syphilis
Impetigo	Tuberculosis

## **Emergency / Health Information**

Parents are asked to complete the health information portion on the enrollment form. Information on the sheet includes home and places of employment, phone numbers, name and number of family physician, health problems of the child, if any and directions to the school as to handling emergency child illnesses and injuries, etc. It is most important the program has this information and that it is kept current at all times.

## **Medication**

Medication shall be given to children by program personnel ONLY WITH WRITTEN PARENTAL PERMISSION AND/ OR THE PHYSICIAN'S PERMISSION. Please request the form used for this purpose. A copy of this form can be found in the last pages of this handbook. Medicine must be in the original container. Information must be completed regarding dose and time of administration. Medicine needed three times daily can be given before school, after school and at bedtime unless specified by your physician.

## **Fire/Emergency Drills**

Fire, tornado and lockdown drills are conducted in the school. Established procedures will be followed for such events.

## **Parent Involvement**

Parents are welcome at the after-school program. Feel free to come early and sit in on an activity or play a game. If you have a special interest or skill, we would like to find time for you to share it with us.

We would appreciate donations of materials for activities. Examples would be buttons, yarn, fabric scraps, egg cartons, any craft item, games, puzzles etc.

## **Rules of Conduct**

1. Objectionable toys are not permitted in the school or on the grounds. This includes such items as knives, guns of any kind, bean shooters etc.
2. Gum chewing is forbidden within the school building.
3. Teasing, bullying and intimidating will not be permitted.
4. Name calling, tattling and bad language will not be permitted.

# After School Program

## Parent Contract

In consideration of my child's participation in the Belmont After School Program, I agree to the following:

- 1 I agree to pay the fee of \$5.00 per day per child for regular school days and \$10.00 per day on early release days. I will pay on a weekly basis. I understand that if my payment is overdue by two weeks, my child cannot participate in the after school care program.
- 2 I agree that I will pick up my child by 6:00 p.m. or earlier and I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. I understand that in the event that my child is not collected by 6:00 p.m., a fee of \$3.00 per minute will be charged. After 6:15 p.m. my emergency contact person will be called.
- 3 I agree to personally pick up my child from the After School room and sign him or her out for the day except when I have authorized in writing alternative arrangements.
- 4 I agree that the Belmont Board of Education will be held free and harmless from any and all injuries occurring to my child, except as to such injuries that directly result from acts of negligence on the part of the Belmont Board of Education.
- 5 In the event of an emergency, I give my permission to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to any emergency medical treatment.
- 6 I understand that in the event of continued late payment of fees, late pick-up of my child or for and good cause, the Belmont Community School reserves the right to remove my child from the After School Program.

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Parent / Guardian Signature

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Date

**Welcome to our After School Program! This program was started to provide a needed service to the community. The program provides care for school age children from 3:30 – 6:00 p.m. on days that school is in session. After reading this handbook, if you have any questions please feel free to call 762-5131.**

**If you wish to enroll your child please fill out the Enrollment Form and Parent Contract and return it to the Belmont School Offices. We would appreciate it if you could pay the \$15.00 enrollment fee at the time of enrollment so that we can purchase any needed supplies.**

**If you need to reach the After School room after hours call the office at 608-762-5131.**

**Thanks!**

# Belmont After School Program Enrollment Form

Name of Child: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

**Parent(s) or Guardian(s) with whom child resides:**

Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Mother

Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Father

Work Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Dr. Phone: \_\_\_\_\_

Allergies or health conditions:

\_\_\_\_\_

\_\_\_\_\_

**Person to be notified in case of emergency when parent or guardian is unavailable:**

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

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

**My child will be attending the After School Program weekly on the following days:**

(Please indicate possible days and approximate pick up times)

\_\_\_\_\_ Monday until \_\_\_\_\_  
\_\_\_\_\_ Tuesday until \_\_\_\_\_  
\_\_\_\_\_ Wednesday until \_\_\_\_\_  
\_\_\_\_\_ Thursday until \_\_\_\_\_  
\_\_\_\_\_ Friday until \_\_\_\_\_

Persons authorized to pick up my child:

\_\_\_\_\_

**Emergency Release: I give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.**

Signature of Parent or Guardian: \_\_\_\_\_

Comments:

