

# Robert Toombs Christian Academy

## After School Program

**HOURS:** 3:00 – 6:00 PM

**SERVING:** Children in K3 through fifth grades who are enrolled at Robert Toombs Christian Academy.

**SERVICES PROVIDED:** Homework time, Snack time, Play time

**CHILD CARE PROVIDERS:** The number of providers is determined by the number of children enrolling for the program and will follow state guidelines. Someone certified in First Aid and CPR will be on the premises at all times.

**FEES:**

\$9.00 per day for children with regular status

\$7.00 per hour for children with drop-in status (attend less than 1 day per week or stay 1 hour or less per day)

The After School Program will begin at 3:00 PM for children with an early dismissal time. All children not picked up at their dismissal times should be enrolled in the After School Program.

If a child is not picked up by 6pm, a late fee of \$5.00 for the first minute will be assessed. After that initial fee a \$1.00 per minute will be assessed. All children should be picked up by 6:00 p.m. Failure to pick up your child by 6:00 p.m. may result in dismissal from the program. All children, regardless of regular or drop-in status, must be registered. A registration fee per child must be paid when returning the registration form.

The cost of the program is listed below and may be paid monthly, August through May. Students will enjoy a snack, recreational activities and homework time.

Example of charges:

<u>Length of Stay</u>	<u>Charge</u>
Less than 30 minutes	\$4.00
31 minutes to 1 hour	\$7.00
Over 1 hour	Daily rate applies

All children, regardless of regular or drop-in status, must be registered. A registration fee of \$20.00 per child must be paid when returning the registration form.

## Parental Agreement with RTCA After-School Care Program

1. Robert Toombs Christian Academy agrees to provide instruction and daycare for \_\_\_\_\_ (Child's Name) Monday through Friday, 2:30 p.m. to 6:00 p.m. during the regular school year while school is in session.
2. Before any medication is dispensed to my child, I will provide written authorization which includes: date, name of child, name of medication, dosage, date and time of day medication is to be given.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or RTCA personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur. (Telephone numbers, emergency contacts, child's physician, child's health status, immunization records, etc.)
5. RTCA agrees to keep me informed of any incidents including illnesses, injuries, reaction to medication, exposure to communicable diseases, which include my child.
6. RTCA agrees to obtain written authorization from me before my child participates in field trips and special activities away from school.
7. If my child runs a fever at school or becomes ill, I will be contacted immediately to come pick him up. I agree not to send my child back to school until he/she has been free of fever for at least 24 hours.
8. I understand that it is my responsibility to provide the following forms required by law: (1) Certification of Eye, Ear, and Dental Examination (b) School Certificate of Immunization and (c) a certified copy of my child's birth certificate.
9. I understand that corporal punishment is not allowed during licensed care.
10. I understand that my child must be picked up no later than 6:00 p.m.
11. I understand that the After School Care Program will include children ages 3-10.
12. I understand that children will never be out of sight or hearing of an adult caregiver, including restroom time.

I have read and agree to abide by these policies and procedures:

Signature of Parent: \_\_\_\_\_

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

Signature of Teacher: \_\_\_\_\_

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

## Robert Toombs Christian Academy After-School Program Registration Form

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birthday: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Home Telephone (if different): \_\_\_\_\_

Father's Cell Phone #: \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Telephone (if different): \_\_\_\_\_

Mother's Cell Phone #: \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work #: \_\_\_\_\_

Other Numbers Where Parents Can Be Reached \_\_\_\_\_

The child may be released to the person(s) listed above or to the following:

	<u>Name</u>	<u>Complete Address</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____

Emergency Contacts:

Name \_\_\_\_\_ Name \_\_\_\_\_

Relation to child \_\_\_\_\_ Relation to child \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Pre-existing Illness, Allergy or Health Concerns: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Please Circle One:              Regular              Drop-In Status (Attending less than 1 day per  
Wk. /Less than 1 hour per day)

Parent's Signature: \_\_\_\_\_

**ALL CHILDREN SHOULD BE PICKED UP BY 6:00 P.M. FAILURE TO PICK UP YOUR CHILD BY 6:00 P.M. MAY RESULT IN DISMISSAL FROM THE PROGRAM.**