

**Augustine Christian Academy
After School Extended Day Program
Parent Handbook
2016-2017**



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WELCOME

Augustine Christian Academy After School Extended Day Program (ACA ED) is dedicated to facilitating the positive development of children by creating and maintaining an out-of-school time program that is a model of quality of care.

Our program provides a healthy snack at the end of a long school day. It involves planned and self-directed activities that allow children the opportunity to socialize with peers, explore their creativity, gain independence, and acquire self-assurance in a relaxed and comfortable atmosphere. The daily routine consists of various learning centers and activities including art, games, creative play, homework help and group time.

PARENT INVOLVEMENT

There are many opportunities for parental involvement in your child’s program. Children enjoy showing you what they have accomplished, and you are WELCOME to visit anytime. Please ask the ACA ED Director how you might assist.

DAYS AND HOURS OF OPERATION

M-F 3:15-5:30 pm

These hours of operation must be strictly adhered to as our building closes and all staff are to be out of the building at 5:30 pm.

PROGRAM LOCATION

The ACA ED Program will be located in the Great Room. There will be some occasions when the use of the Great Room is needed by another group. At these times, we will move the ACA ED Program to one of our classrooms and you will be notified.

ENROLLMENT PROCEDURES

Before your child can participate in our program, all enrollment forms must be completed and signed, and the non-refundable enrollment fee must be paid.

THE FOLLOWING INFORMATION IS REQUIRED FOR EACH CHILD:

1. Enrollment Form
2. Contract
3. Health Services Form

ENROLLMENT CHANGES

Requests to change enrollment status (changing full-time to part-time, withdrawing from the program, etc.) must be submitted, in writing, to the ACA ED Program Director or email before the close of business the week prior to the date of change. All changes must be initiated, approved, and completed through the ACA ED Program Director before a change is made at the site. Adjustments in tuition will not be made until the request has been approved.

FEES AND PAYMENT

The ACA ED Program is funded through program payments. To keep the program operating in an efficient manner, policies regarding payments have been put in place, and failure to abide by the payment policies will result in suspension or termination of services. Tuition is billed weekly or monthly and payment is expected every Tuesday by 5:30 pm. Payments cannot go two weeks past the due date.

ANNUAL REGISTRATION FEE (NON-REFUNDABLE)

\$30 for one child and \$45 for families with 2 or more children
Must be paid in order to hold slot(s) in the program.

DISCOUNTS

Only one per family:

1. 10% off weekly tuition for 2 or more children
2. 50% off for ACA employees (must be the legal guardian)

THE WEEKLY TUITION RATES ARE AS FOLLOW

1. 2 day/week \$24
2. 3 day/week \$36
3. 5 day/week \$60

TUITION RATES ARE NOT REDUCED FOR ABSENCES

ACCEPTABLE FORMS OF PAYMENT

Payments by **FACTS** (preferred), cash, check, or money order will be accepted by the ACA ED Program Director. Please see Miss Becki to set up FACTS payments. Cash (needs to be in a sealed envelope), checks, and money orders may be placed in the ACA ED Program Mailbox at the Check-Out Table. To ensure payments are applied to the correct account, please include your child's name and week paid on the cash envelope, check, or money order.

RETURNED CHECKS

Parents/Guardians will be notified when a check is returned for non-payment. Cash and money orders will be the only acceptable form of payment after 2 checks have been returned for non-payment. There will be a \$25 fee applied to the Returned Check. And balance will be owed within 24 hours of notification from Program Director.

LATE PICKUP POLICY

A fee of \$1 per minute, per child, will be charged for late pickup 5 minutes after program is closed. This payment will need to be made at time of pick up. Termination from the program will occur if late pick up is habitual.

HOLIDAYS/DAYS THE PROGRAM WILL BE CLOSED ARE:

1. Labor Day
2. Fall Break
3. Thanksgiving Break
4. Friday before Christmas Break school is out at noon for all grades
5. Christmas Break
6. Winter Court
7. Dr. Martin Luther King, Jr Day
8. President's Day
9. Spring Break
10. Good Friday
11. Conferences
12. Last week of school schedule may vary - see school calendar

If the ACA ED Program is offered on any of the shortened days listed above (see #'s 4 and 12), an additional fee of \$10 will be charged. Please check with ACA ED Program Director to see if care will be available on those days.

CHECK IN AND PICK UP

Children must report to the ACA ED Program immediately upon dismissal from school. If your child will be attending activities after school (such as tutoring, play practice, AHG, scouts, etc.) a schedule must be provided to the ACA ED Program Director. Tuition will not be reduced for absences from the program if your child participates in other programs.

PROCEDURE WHEN SCHEDULED CHILDREN DO NOT REPORT TO AFTER CARE:

1. ACA ED Program Director reports any missing children to the school office.
2. Staff will thoroughly search the school grounds to locate your child.
3. ACA ED Program Director will attempt to notify the parent/guardian.
4. Repeated instances of children not reported directly to the program after school will result in termination of services.

NO PERSON WILL BE ALLOWED TO SIGN A CHILD OUT WHOM:

1. Cannot verify identity with a proper photo ID.
2. Is not on the list of approved people to pick up.

Siblings must be 18 years of age to sign out your child & must be on the approved list.

CUSTODY POLICY

In the absence of a court order or other documentation, both parents have equal legal rights. If there is a custody order, the parent must provide us with a copy. If a non-custodial parent attempts to pick up the child the police and custodial parent will be notified.

ABSENCES FROM THE PROGRAM

If your child is going to be absent from the program, you must contact the School offices. When children are not reported as absent from the program, the Director spends unnecessary time away from the other children to make sure your child is safe. *TUITION WILL NOT BE ADJUSTED FOR ABSENCES*

DAILY ACTIVITIES

Lesson plans will be available each week in the following areas: science, math, arts/crafts, reading, dramatic play, games, and large muscle (sports). Our program will designate a time every day for homework. The staff will encourage children to start/complete homework and will be available to help as needed. This program is not designed to offer tutoring. Outdoor play is an important part of your child's play. Weather permitting, we will go outdoors and all children that will be in the ACA ED Program will be expected to participate in this activity. Please make sure that your child has on the proper clothing for the expected weather each day.

MEDICAL EMERGENCY

Safety is of major importance. In case of emergency, the Program Director will attempt to contact you or an emergency contact. Should your child need immediate care, he or she will be transported by ambulance to the nearest hospital emergency room. All attempts will be made to contact you from the numbers you provide.

ILLNESS AND DISPENSING MEDICATIONS (INCLUDING SUNSCREEN)

You or an emergency contact will be contacted when your child has signs of contagious illness, such as fever, vomiting, diarrhea, or unexplained rash. Your child will be separated from other children and await pickup by you or an emergency contact. The "MEDICATION PERMISSION" form must be completed before the Program Director has permission to administer medication. All medication must be directly handed to the Program Director by the parent/guardian.

CHILDREN MUST NOT BRING/CARRY MEDICATIONS TO THE PROGRAM. When possible, medication should be administered before or after the program, by parents or by the school.

Medication must be in the original medicine bottle with the pharmacy label showing the child's name, dosage and frequency of dosage.

BEHAVIOR POLICY

We are committed to providing a positive and enriching environment for all children participating in the After School Extended Day Program. All children enrolled in ACA's ED Program must follow these rules and regulations in this Behavior Response Plan. All guidance techniques are designed and administered to assist each child to develop self-control and assume responsibility for their actions through clear, consistent and developmentally age-appropriate rules and limits.

When expectations are not met, the following consequences will be used:

1. Program Director will give a verbal reminder of the rule or inappropriate behavior.
2. Children may be redirected to another area or activity choice if they display unacceptable behaviors.
3. The child and Director will have a conference to explore appropriate options and behavior.
4. Parents will be informed of the inappropriate behavior or concern.

When the behavior is disruptive and staff cannot gain control of the child, the parent/guardian will be called to discuss the situation and/or make arrangements to have the child removed from the program for the day.

In the event that a child's behavior is chronically non-compliant, a conference will be held with the child's parent/guardian. A plan will be created in which the child can be supported and the issue resolved to ensure safety of all the children.

If the plan is unsuccessful, more serious consequences may be implemented up to and including expulsion from the program.

Services will be suspended and/or terminated if the child's behavior poses a threat to other children and/or Program Director.

PERSONAL BELONGINGS

We recommend that you do not allow your child to bring a toy which they may not want to share with other children. We cannot assume responsibility for loss or damage to any personal possessions children bring to the program; this includes coats, jackets, glasses, hand-held games, MP3 Players, iPods, iPads, phones, etc. Each child will have their own basket to put all their belongings in at Check-In.

IMPORTANT NAMES, ADDRESSES, AND PHONE NUMBER

The ACA office is your first point of contact:

Phone: 918-832-4600

Administrative Team

Dawn Murphy-Williams
Program Director
Email: williamsd@acatulsa.org

John Ahrens
Director of Operations

Email: ahrensj@acatulsa.org

ENROLLMENT FORMS

Child's name: _____

Child's address: _____

Date of birth: _____ Grade in fall 2016: _____

Home phone number: _____

PRIMARY PARENT/GUARDIAN CONTACT

Name of primary parent/guardian: _____

Relationship to child: _____

Address-if different from child: _____

Home phone number-if different from child: _____

Work phone number: _____ Cell phone number: _____

SECONDARY PARENT/GUARDIAN CONTACT

Name of secondary parent/guardian: _____

Relationship to child: _____

Address-if different from child: _____

Home phone number-if different from child: _____

Work phone number: _____ Cell phone number: _____

EMERGENCY CONTACT/AUTHORIZED PICK-UP - Other than parent

Name: _____

Relationship to child: _____

Home phone number - if different from child: _____

Work phone number: _____ Cell phone number: _____

AUTHORIZED PICK-UP - Other than parent

Name: _____

Relationship to child: _____

Home phone number - if different from child: _____

Work phone number: _____ Cell phone number: _____

AUTHORIZED PICK-UP - Other than parent (Continued)

Name: _____

Relationship to child: _____

Home phone number - if different from child: _____

Work phone number: _____ Cell phone number: _____

Name: _____

Relationship to child: _____

Home phone number-if different from child: _____

Work phone number: _____ Cell phone number: _____

HEALTH HISTORY

Please Circle:

Ear Infections	Heart Defect/Disease	Epilepsy/Seizures
Diabetes	Migraines	Food Allergies (list below)
ADD/ADHD	Medication Allergies (list below)	Insect Allergies (list below)
Asthma	Skin Rashes	Other (list below)

Allergies and Special conditions: _____

Medications be taken: _____

All medications must include a medication form on file, be prescribed by a doctor and delivered to the After School Extended Day Program in its original bottle. We do not administer over-the-counter medication. Rescue medications is to be in ACA ED Program Director's

lock-box or may be carried by the child (students in grades 9-12 only) with the prescribing doctor's written permission.

AUTHORIZATION FOR MEDICAL TREATMENT
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In the event that I cannot be reached to make arrangements for medical treatment, I authorize the ACA After School Extended Day Program Staff to administer first aid/or have transported my child to the nearest hospital or emergency care facility.

Name of Licensed Physician: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Preferred Hospital: _____

I certify that _____ has been examined by a licensed physician in the past 12 months and is able to participate in the After School Extended Day Program. The Health History is correct as far as I know, and the person herein described has permission to engage in all prescribed activities except as noted by the examining physician and me.

Parent Signature: _____

Date: _____

ADMISSION AGREEMENT-Please Initial

	<u>Water Activities</u> - I give my permission for my child to participate in water activities during program hours at predetermined times.
	<u>Movies</u> - I give my permission for my child to view a Program Director approved "G-rated" movie, though it is not part of regularly scheduled lesson plans.
	<u>Policies & Procedures</u> - I have received & read a copy of the ACA ED Program handbook and understand all policies & procedures.
	<u>Immunization Record</u> - I certify that my child's current immunization record could be copied from the school office by the Program Director for ACA ED Program Files.
	<u>Hours of Care</u> - I understand that I will be charged an additional \$1.00 every minute I am late after the program closes at 5:30p.m.
	<u>Custody</u> - I understand that Program Staff are not trained to review legal documents. Decisions regarding who is authorized to pick up a child is governed by the Primary Parent/Guardian listed. NO PERSONS UNDER 18 MAY PICK UP A CHILD WITHOUT SIGNED PAPER ON FILE.
	<u>Photo Release</u> - I give my permission to use any individual or group photograph or video showing my child in program for program use or advertising.
	<u>Behavior Policy</u> - I have read & understand the Behavior Policy.

	<u>Absences</u> - I understand that it is my responsibility to contact the Program Director by 1:00 pm if my child will not attend the program that day. I understand that there is NO REFUND for days missed.
	<u>Program Closures</u> - I understand that the ACA ED Program will be closed on the holidays listed on page 3 and that if extended care is provided on those days, it will be at an additional cost.

ACA After School Extended Day Program

ADMISSION AND PAYMENT AGREEMENT PAGE

I have read the Admission Agreement and fully agree to its terms. I have also read the policies and procedures listed in this Parent Handbook and stated within this agreement.

Primary Parent/Guardian Signature: _____

Date: _____

PAYMENT AGREEMENT-Please Initial

I am enrolling my child/children in the following program:

___ 2 day/week \$24

___ 3 day/week \$36

___ 5 day/week \$60

	I will be using the FACTS payment program and will make arrangements through the front office to set this up immediately. (This is our preferred method of payment)
	I understand that payment is due weekly by Tuesday at 5:30 pm and receipts will be issued by Monday the following week.
	Returned Checks will incur a \$25 fee that will be due within 24 hours of notification from Program Director along with past balances.
	I agree that 2 weeks written notice is due to the Program Director of any changes or cancellations to your child's enrollment. Last Week Fee will be credited back if notice is given by the 2 weeks, if not it becomes Non-Refundable.
	I understand that Program Registration Fees are Non-Refundable.

I have read and understand the ACA After School Extended Day Program Payment Agreement. I accept my payment plan and agree to abide by all policies in place in this handbook. I understand that failure to uphold my payment arrangement will result in my child being suspended from the program.

Primary Parent/Guardian's Signature: _____

Date: _____