



PINEHURST ELEMENTARY SCHOOL
AFTER SCHOOL DAY CARE PROGRAM
2016 – 2017

Parents,

Welcome to Pinehurst Elementary School's After School Day Care Program for the 2016 – 2017 school year.

This registration packet will provide you with some important information concerning our program.

Our after school care hours are from 2:30 pm until 5:45 pm.

Please read and sign all information in the packet and return it with your registration fee prior to your child beginning the after school day care program.

If you have any questions, please contact Cynthia Ransom, ASDC Director or Judith Douglas, Assistant Principal.

Sincerely,

Ashlee Ciccone
Principal

**PINEHURST ELEMENTARY SCHOOL
AFTER SCHOOL DAY CARE PROGRAM
2016 – 2017
Policies and Procedures**

Sign-In & Sign-Out Procedures:

When the children arrive each day to ASDC, a staff member will take attendance. The Sign-in book will be kept on the counter located near the door in the cafeteria. The students' belongings will typically stay in a basket provided for them in the cafeteria.

As your child's parent/guardian, it is your responsibility to sign-out your child each day, including the "time" you sign your child out. This means, either yourself or someone listed on your child's application must physically sign your child out. No one under the age of 18 will be allowed to sign-out a child from the ASDC program.

Cost & Payment Policies:

One child = \$40 per week

Two children = \$75 per week

Three children = \$100 per week

Registration Fee: \$15 per child

Payment:

- All fees are collected as per the attached monthly payment scale.
- Payments may be made to the ASDC Director by check (payable to PES ASDC) or by using the Online School Payment system (available mid-September). Receipts will be sent home to parents the following day.
- **You can pay weekly, bi-weekly, or monthly but your payment must be paid AHEAD of when your child will stay in the afterschool care.** In other words, if you would like to pay by the month, pay the amount at the beginning of each month. Do not wait until the month has passed to pay your total.
- However you choose to pay, weekly, bi-weekly or monthly, your payment must be received promptly to ensure that your child will be able to keep his/her place in the program. **All accounts MUST remain current for children to remain in the ASDC program.**

- Our program is not a drop-in care program. Once enrolled in ASDC, payment for each week is required to remain on the roster.
- The prompt payment of After School Day Care fees is crucial because the ASDC program is self-supporting. The weekly fees pay for salaries and training for all staff, supplies, crafts, games and snacks for all children.
- If payment is not received on time (**AHEAD** of when your child will stay in the *afterschool care*) your child's/children's After School Day Care services will be discontinued immediately. Your child will lose his/her placement in the afterschool program.
- Returned checks are handled by Envision Payment Solutions.
- Regardless of how many days your child is present at Afterschool during the week (one to five) or how early your child may leave school; the full weekly payment is expected

**** If a child is suspended from the ASDC program (for one to three days) due to a disciplinary action, he/she is **not** exempt from paying the full weekly amount.

The exceptions to this policy are:

1. Inclement weather (snow, ice, hurricane, etc.) that cancels school. The fees will be automatically forwarded to the make-up day. There will not be a refund when school closes early due to weather.
2. If the student is absent for the entire week from school due to a **MCS** excused absence, no payment would be expected for the week as long as the absence was for the entire week. It is up to the parent to provide documentation of the excused absence to the After School Day Care staff.

Early Release Days:

An early release day is a day which students are dismissed at 11:30 am. On this day we will offer After School Day Care and a pizza lunch will be provided. The two exceptions are December 20, 2016 and June 9, 2017 – **NO AFTER SCHOOL WILL BE HELD ON THESE DAYS.**

On early release days or when weather does not permit outdoor play ASDC will offer movies (G/PG) in the auditorium.

2016 – 2017 ASDC Fees

One Child

Registration Fee: \$15

August:

08/29/16 – 09/02/16 \$40

August total: \$40

September:

09/06/16 – 09/09/16 \$35

09/12/16 – 09/16/16 \$40

09/19/16 – 09/23/16 \$40

09/26/16 – 09/30/16 \$40

September total: \$155

October:

10/03/16 – 10/07/16 \$40

10/10/16 – 10/14/16 \$40

10/17/16 – 10/21/16 \$40

10/24/16 – 10/28/16 \$40

10/31/16 – 11/04/16 \$40

October total: \$200

November:

11/07/16 – 11/10/16 \$35

11/14/16 – 11/18/16 \$40

11/21/16 – 11/22/16 NC

11/28/16 – 12/02/16 \$40

November total: \$115

December:

12/05/16 – 12/09/16 \$40

12/12/16 – 12/16/16 \$40

12/19/16 NC

There will be no ASDC on 12/20/16

December total: \$80

January:

01/03/17 – 01/06/17 \$35

01/09/17 – 01/13/17 \$40

01/17/17 – 01/20/17 \$35

01/24/17 – 01/27/17 \$35

01/30/17 – 02/03/17 \$40

Total for January: \$185

February:

02/06/17 – 02/10/17 \$40

02/13/17 – 02/17/17 \$40

02/20/17 – 02/24/17 \$40

02/27/17 – 03/03/17 \$40

February Total: \$160

March:

03/07/17 – 03/10/17 \$35

03/13/17 – 03/17/17 \$40

03/20/17 – 03/24/17 \$40

03/27/17 – 03/31/17 \$40

March Total: \$155

April:

04/03/17 – 04/07/17 \$40

04/10/17 – 04/13/17 \$35

04/24/17 – 04/28/17 \$40

April Total: \$115

May:

05/01/17 – 05/05/17 \$40

05/08/17 – 05/12/17 \$40

05/15/17 – 05/19/17 \$40

05/22/17 – 05/26/17 \$40

05/30/17 – 06/02/17 \$35

May Total: \$195

June:

06/05/17 – 06/08/17 \$35

There will be no ASDC on 06/09/17

June total: \$35

CHILD'S APPLICATION FOR AFTER SCHOOL DAY CARE PROGRAM
TO BE COMPLETED BY PARENT/GUARDIAN AND PLACED ON FILE PRIOR TO ENROLLMENT

NAME OF CHILD _____ DATE OF BIRTH _____

PHYSICAL ADDRESS _____ NC, ZIP _____

FAMILY INFORMATION

FATHER/GUARDIAN'S NAME _____ HOME PHONE _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____ CELL PHONE _____

MOTHER/GUARDIAN'S NAME _____ HOME PHONE _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____ CELL PHONE _____

INFORMATION ABOUT YOUR CHILD

DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES? _____ IF YES, PLEASE GIVE DETAILS: _____

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS THAT WOULD REQUIRE TREATMENT OR ATTENTION? _____

EMERGENCY INFORMATION

DOCTOR _____ OFFICE PHONE# _____

DENTIST _____ OFFICE PHONE # _____

IF NEITHER FATHER NOR MOTHER (OR GUARDIAN) CAN BE CONTACTED, CALL

NAME _____ (W) _____ (H) _____ (C) _____

NAME _____ (W) _____ (H) _____ (C) _____

MY CHILD CAN BE PICKED UP BY THE FOLLOWING PEOPLE:

PARENT/GUARDIAN SIGNATURE _____ DATE _____

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As the parent/guardian of _____ I acknowledge that I have received the attached documents listed below and that I have read and returned the document marked with an asterisk (*). I understand the documents that have been given to me and I am aware that any change in policy will be given to me in writing before the policy takes effect.

**** Parents/guardians should initial each line and then sign and date the bottom line.

- 1. Registration (signed, dated and returned) _____*
- 2. Policies/procedures _____
- 3. Fee Schedule _____

Signature of Parent/Guardian _____

Date: _____