

2017-2018 AFTER SCHOOL CARE PROGRAM

The ASMS After-School Care Program operates as a service to parents who need a short-term, well-supervised environment for their children after the scheduled school day ends. The program is self-supporting from parent fees.

ASMS's After-School Care Program **begins Thursday, August 10, 2017**. Parents are to pick up their children at the front entrance of the cafeteria or playground. After-School Care begins at 2:26 and ends at 6:00 sharp. Parents are to pick up their children no later than 6:00 PM. Occasionally, parents have no control over traffic or emergency conditions. On these occasions, **there is a late fee charge of \$10.00 for every 15 minutes that your child remains in aftercare.**

After-School Care Payments

\$10 registration fee per family

Full Time: \$45.00/week

Part Time: \$25.00/week

Sibling: \$25.00/week full time or part time

Full Time = 4 or more days a week

Part Time = 3 or fewer days a week

Drop In Rate = \$15

Students can be removed from the After School Care program for nonpayment. Please keep payments current. Payments may be made online. Checks should be made payable to: ASMS Aftercare.

Daily Operation:

The After-School Care Program is directed by several of our Abita Springs Middle School teachers. They accept students following the dismissal bell, Monday through Friday. The program offers supervised homework time each day, and a variety of structured and enjoyable activities. A small snack is offered each day.

After-School Care is not offered on school holidays, teacher professional development days, or half-days.

It is necessary that the parent or guardian complete the special needs form if their child has special needs that are to be met in the child care program. Food allergies are to be included in these special needs. If the student has an IEP/504 plan, the parent must inform the Director of a current IEP/504 Plan. In addition, the parent or guardian must sign that they are fully aware of the fee structure and specific guidelines of the program.

Discipline Policy:

An effective discipline program is necessary. In order for a student to attend the After-School Care Program he/she must abide by all rules and regulations of the ASMS School Wide Discipline Plan. Parents will be notified if any discipline problems on the part of their child occur. If problems continue, the student will be referred to the principal's office.

Students who consistently choose to act in an inappropriate manner during the After-Care Program will lose the privilege of attending After-School Care. In the rare instance of severe infractions, immediate removal of the student from the program may result. There will be NO REFUNDS of After-School-Care fees issued.

For additional information, please contact Ms. Damare' (Aftercare Director) at Elizabeth.Damare@stpsb.org or call the office at 985-892-2070.

If you would like your child to attend the After-School Care Program, please complete the attached form. Please return the form, the first month's fee, and the **registration fee of \$10 to the school office**. Make check payable to **ASMS After-School Care**.

ABITA SPRINGS MIDDLE SCHOOL AFTER SCHOOL CARE PROGRAM

I wish to enroll my child in the After-School Care Program. I understand that the payment of fees for attendance must be paid promptly at the beginning of each month. I have read and understand the ASMS School-Wide Discipline Plan, the STPSB Handbook on Discipline and Attendance. I also understand that my child must abide by the Discipline Plan in order to attend the After-School Care Program, and students who habitually break rules will be removed from the program.

There is a one-time \$10.00 registration fee per family.

Student Name

Birth Date

Homeroom Teacher's Name

Grade

(Telephone numbers where you can be reached from 2:30 PM to 6:00 PM)

Parent / Guardian Name Home Phone Work Phone Email address

Parent / Guardian Name Home Phone Work Phone Email address

Emergency contacts Other than Parents:

Emergency Contact Name Home Phone Work Phone

Emergency Contact Name Home Phone Work Phone

Persons authorized to pick up your child from after-school care:

Name Home Phone Work Phone

Name Home Phone Work Phone

Special information or medical information that is important for us to know: _____

Food Allergies: _____

Parent or Guardian Signature

Date