

# **J.W. McLauchlin Elementary**

## **After School Care**

**326 North Main Street**

**Raeford, NC 28376**

**910-875-8721**



## **2023-2024**

## **Handbook**

Guidelines, Programs, Policies and Procedures for Hoke County Schools  
K-5 After School Program  
*Revised August 7, 2023*



### **Introduction**

The Hoke County Schools Child Care Program for grades K-5 are planned, organized and coordinated by school personnel. The programs operate in school facilities equipped with restrooms and storage areas. The staff is composed of a Director, Program Assistants (if necessary), and one group leader for every 25 students.

### **Program Description**

The purpose of the After School Program is to provide programs within a supervised child care setting to help meet the creative, emotional, physical, and social needs of pre-adolescent children.

The child care program is more than just babysitting. The program includes quiet time for homework, physical exercise through group and individual activities, arts and crafts enrichment, nutritional health opportunities, and other special activities as provided by various community resource groups and agencies. There is controlled access to the school playground, multi-purpose room, and the media center. All supplies, materials, and equipment are furnished for the program through weekly revenues. The program operates in accordance with the school calendar. A minimum of 20 children is required for the program to operate at a school.

### **Operational Hours**

\*After School Care (2:30 pm – 5:30 pm)

### **The After School Program does not operate during the following times:**

- LABOR DAY
- VETERANS DAY
- THANKSGIVING HOLIDAYS- WEDNESDAY-FRIDAY
- CHRISTMAS HOLIDAYS
- MARTIN LUTHER KING HOLIDAY
- EASTER HOLIDAY
- MEMORIAL DAY
- DURING THE SUMMER
- ASC hours may be modified on the dates preceding a holiday or school break, depending upon the number of students in attendance.

### **Registration, Fees, and Procedures for Payment**

1. An annual registration fee of \$20.00, plus one week advance deposit of \$45.00 is required, a total of \$65.00. This is required before any student can start ASC.
2. Cash, checks and money orders are accepted as payment. You may also pay online at <https://osp.osmsinc.com/hokenc/> if you prefer.
3. If you owe more than TWO weeks of payment, then your child will not be able to attend ASC until the bill is paid in full. Once paid, then your child is more than welcome back into our ASC program.
4. If school is closed because of unexpected reasons such as bad weather, prepaid fees will be prorated on a daily basis and credit given.
5. Fees are not reduced or refunded because of absence due to illness of a child or other reason beyond the control of the after school program.
6. Checks should be made payable to J.W. McLauchlin Elementary School. There is a \$35.00 service charge on all returned checks. If any checks are returned in the same school year, cash or money order will be required for the remainder of the year.
7. If a child moves within the county, all fees must be paid at the previous school before he/she can be enrolled in the after school program at the new school. All fees must be paid from the previous year in order to re-enroll a student in the program at the same school.
8. A student may be enrolled anytime based on availability.
9. The child's application must be completed and returned to the director with registration and all other fees paid at the time of registration or your child cannot attend the program.
10. To withdraw a child from the program, notify the Director in writing and provide a copy to their teacher with the new way of the student getting home in the afternoons.
11. All fees must be paid up through the date of withdrawal.
12. There will be a \$1.00 dollar late charge for every minute that your child is here after 5:30 pm. The late charge MUST be prepaid before your child can start the next week's child care.

### **Operational Policies and Procedures**

1. Children leave their classroom at the end of the day to go directly to their designated area.
2. Parents or authorized persons sign out and pick up their children directly from the program at or before closing time. After the child has been signed out, the program can no longer accept responsibility for the safety and well being of the child.
3. If a student is picked up by someone other than a parent or is going to leave with another child, the Site Supervisor must have written permission from the parent. A child **will not** be released to anyone under the age of eighteen.
4. Parents should call or send a note prior to a child being absent from after school care.
5. If a child is absent from the regular school day due to illness, he/she can not attend after school care that day.

### **Zero Tolerance Policy**

In order to provide a safe and orderly environment for your child(ren) we will enforce the ZERO TOLERANCE RULES. We examine our environment regularly to determine if something that we should change will correct unacceptable conduct. If new strategies do not correct the misconduct, then we must move to more extreme measures. Behavior such as fighting, hitting and disrespect will result in an automatic suspension of two days. A second offense will result in a one-week suspension and you will be responsible for that week's tuition. This may sound harsh, but the safety of our children is our utmost concern. Being disrespectful to the staff will not be tolerated, as well. Our teachers work hard to give your child(ren) individual attention and love; in return, all we ask is respect from the students. Please help us enforce ASC rules.

### **ASC Rules**

- Keep all body parts to yourself
- Treat others as you want to be treated
- All personal property is to be respected at all times
- Fighting, hitting, disrespecting the staff or showing any other gestures will not be permitted.



Our staff is learning new ways to empower children to become caring, global citizens who realize that their actions make a difference in their own lives and in the world, and who are able to respond with appropriate behavior. Parents and staff are in partnership. By keeping this in mind, our program will be a great success!

Name of Center: J.W. McLaughlin Elementary School Child Care Center

**DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY**

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy.

**WE**

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires and feelings.
9. DO ignore minor misbehavior.
10. DO explain things to children on their levels.
11. DO use short, supervised periods of “time out.”
12. DO stay consistent in our behavior management program.

**WE**

1. DO NOT spank, shake, bite, pinch, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting or sleeping.
6. DO NOT leave the children alone, unattended or without supervision.
7. DO NOT place the children in locked rooms, closets or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of or otherwise belittle children’s parents, families or ethnic groups.

I, the undersigned parent or guardian of \_\_\_\_\_ (child’s full name), do hereby state that I have read and received a copy of the facility’s Discipline and Behavior Management Policy, and that the facility’s director/coordinator (or other designated staff member) has discussed the facility’s Discipline and Behavior Management policy with me.

Date of Child’s Enrollment \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**J.W. McLauchlin Elementary School  
After School Care Contract**

**Tuition Payment Policy**

A \$20.00 registration fee is due at the beginning of each school year. The tuition cost is \$45.00 per child per week. All registration fees of \$65.00 per student must be paid before a student can start ASC.

**Weekly Payment**

Tuition is due on Monday beginning the week. If payment is not received on Monday, it will be considered a late payment. Parents will be given until Friday to make this payment. **If payment is more than TWO weeks behind, then students will not be able to attend ASC.**

**Summary of Laws**

I, the parent/guardian of \_\_\_\_\_ understand if I am late, there will be a charge of a dollar for every minute (per child) after 5:30 pm.

I, the parent/guardian of \_\_\_\_\_ understand if I am late in paying my bill by two weeks, then my child will not be able to attend the ASC program until payment is paid in full. Then I understand my child may come back to the program once paid.

I, the parent/guardian of \_\_\_\_\_, do hereby state that I have read and received a copy of the J.W. McLauchlin Child Care Program Handbook. I agree to abide by the policy and understand that failure to do so will result in my child/children's dismissal from the program.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Date \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

**CHILD'S APPLICATION FOR CHILD CARE**

*To be completed and placed in file prior to enrollment*

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Last) (First) (MI) (Nickname)

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**FAMILY INFORMATION**

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother/ Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD**

Does your child have any known allergies: No \_\_\_ Yes \_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any chronic illnesses/conditions: No \_\_\_ Yes \_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

Please give any information concerning your child which will be helpful in his experience in group settings (such as playing, eating and sleeping habits, special fears, likes or dislikes).

\_\_\_\_\_

**EMERGENCY CARE INFORMATION:**

Name of child's doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of child's dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

If you cannot come for your child, please give the names of persons to whom the child may be released: \_\_\_\_\_

\_\_\_\_\_

## CHILD'S APPLICATION FOR CHILD CARE (PAGE 2)

### Child's name

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

\_\_\_\_\_  
(Operator's Signature)

\_\_\_\_\_  
(Date)