

Sandy Grove Elementary



After School Care Handbook

Sandy Grove Elementary

After School Care Program

ASC Office#: 910 875-6008 ext: 229

Program Description:

Our Program offers a structured and caring environment where children will have the opportunity to grow emotionally and socially. The After School Care Program is offered to students in grades K-5 who attend Sandy Grove Elementary School. Our goals are to meet the physical, emotional, social and creative needs of all the students in our program. The program offers snack time, homework time, physical activities, arts and crafts, and other activities

Program Information and Policies:

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Program Hours:

The program operates every day from 2:30pm - 5:30pm except for school holidays, early release days, or inclement weather days and operates in accordance with the school calendar. It is mandatory that parents/guardians sign out students on a daily basis. **This is strictly enforced.**

Registration:

All forms in this handbook must be completed, signed and returned with a \$20.00 registration fee, plus one- week advance deposit, before your child can participate in the Sandy Grove ASC program. You may enroll your child in our program at any point during the school year unless ASC is at maximum capacity. If our program is full, you will be placed on the waiting list.

Payments/Fees:

Our program rate is \$50.00 a week. Short school weeks are prorated. A payment schedule is posted over the ASC payment box outside our office. ASC accepts cash, online payment (<https://osp.osmsinc.com/HokeNC>), money orders, and checks (ASC **WILL NOT** accept personal checks on the last month of school). Checks and money orders should be made to Sandy Grove Elementary ASC. Please place the payment in the provided envelope marked with your child's name and the amount of the payment. Please do not give payments to the ASC group leaders (we ask that you put all payments in the payment box located outside our office, room 514). ASC will provide a student balance at the end of the month. Due to unforeseen reasons, such as bad weather and school is closed, ASC will prorate fees. All fees are to be paid in full to enroll your student in our program or to re-enroll in ASC the next year. **If a child's fees are past \$100.00, the child will be withdrawn from the program and will not be able to return until the account is current.**

SCAN ME



Returned Checks:

If we receive a returned check, we ask that you make all future payments in the form of cash or money order for the remainder of the school year. There will be a \$35.00 returned check fee charged to your ASC account.

Withdrawals:

To withdraw your child from ASC you must submit the withdrawal notice (located in the handbook) to the ASC office. This must be submitted 10 school days prior to the date of leaving. Your child will remain enrolled and you will be liable for all fees until the ASC office receives the withdrawal notice. **Please pay all fees prior to the date of withdrawal.**

Drop-off:

The students will be dropped off at the end of the school day by their teacher with the ASC staff. Attendance is taken daily by ASC staff before the start of activities.

Parents/guardians need to notify your child's teacher if they plan to attend ASC. It is IMPORTANT to keep teachers and ASC staff informed of student schedule changes. (i.e. If the student plans to ride the bus, and not attend ASC)

Pick-up:

Parent/authorized adults must be prepared to show identification when picking children up. Parent/authorized adults picking up children are to check in with staff and sign the child out before the child will be allowed to leave. ASC staff can only release a student to a parent/authorized adults listed on the student application unless special written permission is given to an ASC staff member. **ASC cannot release children to anyone under the age of sixteen.**

Late Pick-up/Late Fee:

A child picked up after 5:30 pm/closing time is considered late. A child that is picked up after closing will be subject to a late fee of \$10.00 for the first ten minute period and \$1.00 a minute for each additional minute. If a child is not picked up before closing time we will try to contact the parent/guardians. If we are unable to reach the parent/guardians, we will call the emergency contact. If we cannot reach a parent/guardian or emergency contact within 30 minutes of closing the social worker will be contacted. If a student is picked up late three times the student will be withdrawn from the program.

School Absence:

If your child is absent from school, he/she cannot attend ASC that day.

Behavior Management:

Sandy Grove Elementary ASC will provide a safe environment for your child, both physically and socially.

A major goal of the ASC program staff is to help students learn how to manage their behavior in and out of school. Adults who work with children will model courteous and respectful behavior and encourage children to be respectful. Students will learn to follow rules of group membership, respecting one another's possessions and individual space. All children are expected to follow these rules. Consideration of one another will be encouraged.

- ❖ All participants will show proper respect to each other, staff, and the elements of their surroundings.
- ❖ Acts of verbal and/or physical violence (i.e. hitting, fighting, throwing, damaging, equipment/building, swearing, and talking back) will not be tolerated. Consistent disobedience will be grounds for suspension and possible removal from the program. In all cases of vandalism or property damage, the parent will be responsible for the cost of repair or replacement as necessary.
- ❖ Children must abide by any other rules deemed necessary by the ASC staff for the safety and well-being of the ASC members.

Please see the Code of Conduct in the Sandy Grove Elementary School Parent/Student Handbook.

Consequence:

- ❖ Warning 1
- ❖ Warning 2
- ❖ Reflective time in the group
 - a. Kindergarten 5-6 minutes
 - b. 1st grade 6-7 minutes
 - c. 2nd grade 7-8 minutes
 - d. 3rd grade 8-9 minutes
 - e. 4th grade 9-10 minutes
 - f. 5th grade 10-11 minutes
- ❖ Parent / Guardian will be contacted /notified by phone.
- ❖ Bounce 1 - out of group reflective time in another group or ASC office/Front office. Time of reflection is depicted by the grade (see above)
- ❖ Office Referral

A child will receive a discipline notice for offensive, unacceptable behavior, or chronic misbehavior. Receiving 3 discipline notices will result in the dismissal of our program.

Medication:

ASC is required to follow the North Carolina Division of Child Development licensing regulations concerning the administration of medication. If your child requires the administration of medication, the medication must be stored in the locked medication box located in the ASC office. If medication for your child is stored in the school nurse's locked medication cabinet, an additional medication must be provided for the sole purpose of use during ASC. You are required to notify ASC of medication your child may need to be administered while attending ASC. An ASC medication authorization form must be filled out and signed by a parent/guardian (this is a different form than the one required for your child during regular school hours).

ASC staff can administer medication for chronic medical conditions and allergic reactions. The medication must be stored in the original prescription package. ASC cannot administer expired medications for any reason.

Illness:

ASC will contact a parent for immediate pick up if a child has a temperature of 99 degrees or more, diarrhea characterized by an increased number of bowel movements, having two or more episodes of vomiting within a 12 hour period, have a red eye with white or yellow discharge until 24 hours after treatment, have scabies or lice, have known chicken pox or a rash suggestive of chicken pox, have tuberculosis, until a health professional states that the child is not infectious, have strep throat until 24 hours after treatment has started, have prussic until 5 days after appropriate antibiotic treatment, having Hepatitis A virus infection until 1 week after onset of illness or jaundice, have impetigo until 24 hours after treatment, or have a physician's or health professional's written order that the child be separated from other children. Detailed health regulations can be viewed on the North Carolina DCD website.

Accidental Injury / Emergency:

If a major or life-threatening injury or accident occurs during ASC hours, it will be handled in the following manner

- ❖ 911 will be called immediately
- ❖ The parent/guardian will be notified
- ❖ Based on the professional decision of the EMT unit, the child may be transported to the closest medical facility for immediate care or the EMT may advise the parent/guardian or program staff as to how to treat or care for the child.

In the event of an emergency or natural disaster, the following procedures will be in effect:

- ❖ The parent/guardian will be notified
- ❖ Children will remain on site with the staff until an authorized person picks them up.

Child Abuse:

North Carolina law requires child care providers to report suspected cases of child abuse and/or neglect. If such cases arise, the ASC Director will immediately report to the principal. The principal will notify the Department of Social Service

ASC 2023 - 2024 PAYMENT SCHEDULE



***Make payments to Sandy Grove Elem. ASC**

*Please put your child's name on checks/money orders.

*Place payment in an envelope, marked with your child's name, and deposit it in the payment box located outside the ASC office.

*Or please scan the QR code provided, create an account (if you have not already done so), click " Pay Child Care". Please contact us if you have any questions.

WEEK	PAYMENT DUE
Aug. 28 - Sept. 1	\$70 (\$50+\$20 REGISTRATION FEE PER CHILD)
Sept. 5 - 8	\$40
Sept. 11 - 15	\$50
Sept. 18 - 22	\$40
Sept. 25 - 29	\$50
Oct. 2 - 6	\$50
Oct. 9 - 13	\$50
Oct. 16 - 19	\$40
Oct. 23 - 27	\$50
Oct. 30 - Nov. 3	\$50
Nov. 6 - 9	\$40
Nov. 13 - 17	\$50
Nov 20 - 24	(No After School Care - Thanksgiving Break)
Nov. 27 - Dec. 1	\$50
Dec. 4 - 8	\$50
Dec. 11 - 15	\$50
Dec 18 - Jan 5	(No After School Care - Christmas and New Years Holiday)
Jan. 8 - 12	\$50
Jan. 16 - 19	\$40
Jan. 22 - 26	\$50
Jan. 29 - Feb. 2	\$50
Feb. 5 - Feb. 9	\$50
Feb. 12 - 15	\$40
Feb. 20 - Feb. 23	\$40
Feb. 26 - Mar 1	\$50
Feb. 27 - Mar. 3	\$50

Mar. 4 - 8	\$50
Mar. 11 - 14	\$40
Mar. 18 - 22	\$50
Mar. 25 - 28	\$40
Apr. 1 - 5 (No School / After School Care - Spring Break)	
Apr. 8 - 12	\$50
Apr. 15 - 19	\$50
Apr. 22 - 25	\$40
Apr. 29 - May 3	\$50
May 6 - 10	\$50
May 13 - 17	\$50
May 20 - 24 (Last week of AfterSchool Care)	\$50
Have a wonderful Summer!!	

APPLICATION FOR AFTER SCHOOL CARE

DATE OF ENROLLMENT: _____

GRADE/TEACHER: _____

Name of Child: _____ Birth Date: _____
(Last) (First) (MI)

Address: _____ City/State: _____ Zip Code: _____

Father/Guardian's Name: _____

Address: _____ City/State: _____ Zip Code: _____

Home#: _____ Work#: _____ Cell#: _____

Where Employed: _____

Mother/Guardian's Name: _____

Address: _____ City/State: _____ Zip Code: _____

Home#: _____ Work#: _____ Cell#: _____

Where Employed: _____

Insurance Carrier: _____ Policy#: _____

DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES/MEDICAL CONDITIONS? YES _____ NO _____

Explain: _____

DOES YOUR CHILD TAKE PRESCRIPTION MEDICATION ON A REGULAR BASIS? YES _____ NO _____

Name of medication: _____

Explain: _____

****If your child requires medication during our program a Medication Administration Authorization Form MUST be on file with ASC. This is a separate form from the one submitted to the main office. Please see the ASC Handbook for further information and guidelines for medication use during our program hours.**

Child's Physician: _____ Phone#: _____
Address: _____ City/State: _____ Zip Code: _____
Child's Dentist: _____ Phone#: _____
Address: _____ City/State: _____ Zip Code: _____
Hospital Preference: _____ Phone#: _____

If ASC is not able to make contact with parents/guardians please contact the following persons in the order listed below:

1. Name: _____ Relationship to child: _____ Phone#: _____
2. Name: _____ Relationship to child: _____ Phone#: _____
3. Name: _____ Relationship to child: _____ Phone#: _____
4. Name: _____ Relationship to child: _____ Phone#: _____

The following persons can pick up my child from ASC: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care for my child in the event that ASC cannot immediately reach the family physician or parents/guardians.

Parent/Guardian Signature: _____ Date: _____

I, as the operator, do agree to provide transportation to an appropriate medical facility in the event of an emergency. I will not administer medication without specific written authorization from the physician and child's parent/guardian.

Operator's Signature: _____ Date: _____

ASC RULES

We ask that you read and go over these rules with your child so we can have a very successful year.

1. Follow ALL directions the FIRST TIME!
2. Show respect toward the ASC staff and other students.
3. Listen quietly while others are speaking.
4. Raise your hand when you need to ask a question.
5. Keep your hands, feet, and all objects to yourself.
6. Make good choices.
7. Follow all ASC rules.
8. Understand that inappropriate behavior will not be tolerated. You will receive a Discipline Notice for unacceptable behavior. Three Discipline Notices will result in the termination of enrollment in ASC.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

ASC Parents/Guardians please read the following and sign below

I have read and understand the Summary of North Carolina Child Care Laws (located in each ASC room on the whiteboard, or you can ask an ASC staff member for a copy). I have read, understand, and received a copy of the ASC handbook stating the program's rules, procedures, and policies.

Parent/Guardian Signature: _____ Date: _____

Student's Name: _____ Date: _____

ASC Director's Signature: _____ Date: _____

ASC AUTHORIZATION TO PLAY OUTSIDE ON SCHOOL PROPERTY

If ASC has planned activities on school property, outside the fenced playground area:

_____ I, the parent/guardian **WILL** allow my child to play outside the fenced playground area with ASC staff supervision.

_____ I, the parent/guardian **WILL NOT** allow my child to play outside the fenced playground area.

*Only students in Kindergarten, First grade, and EC are allowed inside the fenced playground.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

For ASC Office use only:

This authorization is valid from ___/___/___ to ___/___

ASC TAX CLAIM INFORMATION

Upon notification and return of your Withdrawal Notice from ASC please complete this form and return it to the ASC office. We will mail your tax information to the address you indicate below.

Student's Name: _____

Name of person responsible for ASC payment: _____

Tax information should be mailed to the following address: _____

Phone number: _____

Signature: _____ Date: _____

WITHDRAWAL NOTICE FROM AFTER SCHOOL CARE

Please complete this form **10 days** prior to withdrawal from our program, and return it to the ASC office. **Until ASC receives this notification, your child will remain enrolled in our program, and you are responsible for all program fees.** All bills must be paid in full and cleared by the Principal and ASC Director.

Date: _____

Student's Name: _____

Withdrawal Date: _____

Parent/Guardian Signature: _____

To help improve our program please complete this survey:

1. Were you pleased with the care that was provided by ASC?: _____

2. If you were not satisfied with the care provided by ASC please list reasons, suggestions, concerns , or comments:

3. If you have suggestions for activities, improvements, etc. please list:

4. Reason for withdrawing from our program?:
