

2018-19 Westminster After School Care Program

The program is open to children who are enrolled at Westminster Lower School, grades PK3-5. The goal of the After School Care Program (ASC) is to provide a safe, nurturing and fun environment that will enhance the development and creativity of each individual child, while supporting the philosophy of Westminster Lower School. The ASC staff considers it a privilege and responsibility to be entrusted with the care of each child. ASC is accredited by SAIS/SACS.

This program opens at 2:30 p.m. and closes at 6 p.m. each day that school is in session. ASC opens early on early release days. ASC will open at 7:30 a.m. on the days of parent-teacher conferences to receive children who are in need of full day care or supervision while parents are in conferences.

In order for your student (including returning students) to attend ASC this school year, the attached form must be on file and signed by BOTH parents/guardians. Please return the enclosed ASC registration form to Peggy Dixon. If you have any questions about the ASC program, please contact Peggy Dixon at 706-731-5260 during ASC hours or at pdixon@wsa.net.

Please return form to Peggy Dixon by August 3. Forms may be mailed to Westminster Schools of Augusta, Attn: Peggy Dixon, 3067 Wheeler Road, Augusta, GA 30909 or dropped in the Lower School lobby.

PARENTAL AGREEMENT

I/we understand and agree with the following by signing the After School Care registration form:

The Westminster Lower School Handbook policies apply to the After School Care Program. The interaction and instruction in this program is based on the Christian world view. Parents will have access to all center areas used by their child at all times. The ASC program encourages parental involvement and observations of their child's activities. Additionally, children in ASC will, on occasion, use the art room, library and gym under the escort and supervision of the ASC personnel.

All children entering ASC will be signed in by their ASC teacher and signed out by the parent or authorized individual (be sure to note this information on the After School Care Registration Form) at the end of the day. For each child's protection, only the individuals authorized on the After School Care Registration form will be allowed to pick up your child. If you wish for anyone other than those listed to pick up your child, the program director must have the request in writing prior to the pickup (email permissible). Photo identification will be required at time of pickup.

Medical Attention

In the event of an accident, the ASC staff will follow Westminster Lower School procedures. By signing the After School Care registration form, parents authorize our staff to meet the needs of their child in case of an emergency. Please remember to keep all medical and emergency information forms updated. This is vital to the staff's ability to provide the best care to each child. It is the parents' responsibility to keep their child's records current to reflect significant changes as they occur, such as telephone numbers, parent work information, emergency contacts, the child's physician, health status and immunization records, etc.

The ASC staff agrees to keep parents informed of any incidents which affect their child; to include illness, injury, adverse reactions to medication, etc.. The ASC director will contact the parents when a notifiable communicable disease is present on the same day they become aware. *(continued on next page)*



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Before any medication is dispensed to a child, parents must complete and return to the ASC program the Permission to Administer Medication form, which is available on the school website. All medication sent to the school needs to be in the original container with the child's name clearly marked on it. Our personnel are mandated by law to report any suspected cases of child abuse or neglect to the Department of Family and Children Services.

Communication

Open and clear communication between parents and the ASC staff will help ensure each child is receiving quality care. To this end, ASC personnel will be available to communicate with parents on a daily basis any information about their child's activities and behavior. Parents will receive emails from the director throughout the school year detailing specific activities that their child will have an opportunity to participate in during ASC.

Parents should address concerns with the ASC director through face-to-face contact or email and are responsible for notifying the ASC director and child's teacher about changes in the child's attendance or occasional need of ASC.

Expectations and Discipline

The ASC personnel will utilize positive means to encourage and facilitate the appropriate behavior of each child. If necessary, time out will be used as a means of discipline. Parents will be notified of any concerns regarding their child's behavior either by telephone or when they pickup their child from ASC. Parents should work with the ASC personnel on any of their child's behaviors that are disrupting the ASC program.

All children need to know that they are safe physically and emotionally. Any behavior preventing this will not be tolerated. The staff will take steps to protect each child, ranging from discipline and conferences with parents to temporary or permanent expulsion from the ASC program.

ASC Program Rates

There are various monthly ASC payment options to meet the needs of each family's schedule.

ASC Monthly Rates

4 or 5 days per week	3 days per week	2 days per week	1 day per week
\$235	\$171	\$120	\$66

Other ASC Fees

- There is a registration fee of \$25 per enrolled family (assessed at first use of ASC)
- The drop-in rate is \$10 per hour
- The late pick-up rate \$1 per minute for the first ten minutes after 6 p.m. Thereafter, there is a \$25 late fee plus an additional \$2 per minute late fee

Other Information

ASC discourages children from bringing personal items from home (toys, etc.) as they can be damaged. Electronic game devices are not allowed. Parents are encouraged to label jackets, backpacks, tennis shoes and all other clothing items.

The ASC program will conduct drills for fire, tornado and other emergency situations, as required by the licensing authority. The ASC program does not discriminate based on sex, race or culture.



2018-19 Westminster After School Care Program REGISTRATION FORM

Return to Peggy Dixon at 3067 Wheeler Road, Augusta, GA 30909.

For detailed information about After School Care, please refer to the Westminster After School Care Program Parental Agreement. **Please note:** A new form must be completed each school year.

Participant Information

Participant's Name _____ Goes By _____
FIRST MIDDLE LAST

Primary Home Address _____
STREET CITY/STATE/ZIP

Primary Phone Number _____ Participant's Date of Birth _____
MONTH/DAY/YEAR

Grade for 2017-18 School Year _____ Age _____ Gender: Male Female

FATHER

Name _____

Cell Phone _____ Work Phone _____

Email _____

MOTHER

Name _____

Cell Phone _____ Work Phone _____

Email _____

PARTICIPANT PICK-UP INFORMATION

In addition to the above individuals, the participant* may ONLY be released to the following individuals:

**Please include siblings as well.*

Name	Relationship to the Participant	Phone Number(s)
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION

The participant lives with: Both Parents Father Mother Other _____

The child's legal guardian is: Both Parents Father Mother Other _____

Does the participant have any special procedures required in caring for them? _____



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MEDICAL INFORMATION/EMERGENCY AUTHORIZATION

Should my child suffer an injury or illness while in the care of any Westminster After School Care program and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services. I (we) agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Participant's Physician _____ Phone # _____

Insurance _____ Policy # _____

Is the participant on any medication that the school should be aware of? _____

Does the participant have any allergies or other medical or drug related circumstances (i.e. diabetes, asthma)? _____

Does your child have a physical, emotional, behavioral or a developmental disability which would limit the participant's participation in the school's program and activities? _____

If an emergency arises and neither parent can be reached, please list who can act on your behalf. Please make sure these people know what to do for your participant.

Table with 3 columns: Name, Relationship to the Participant, Phone Number(s)

AFTER SCHOOL CARE IS NEEDED THE FOLLOWING DAYS: (check all that apply)

- Mon. until ____ p.m., Wed. until ____ p.m., Fri. until ____ p.m., Tues. until ____ p.m., Thurs. until ____ p.m., Occasional Use

ASC Payment and Parent/Guardian Authorization

ASC agrees to provide for my student at the monthly rate agreed upon on each specific family's registration form. The ASC program closes at 6 p.m. each day. The late pick-up rate is \$1 per minute for the first ten minutes after 6 p.m. Thereafter, there is a \$25 late fee plus an additional \$2 per minute late fee. I understand I must notify the ASC office when an emergency arises that may prevent me from picking up my child by 6 p.m. (late fees will apply). I understand that the After School Care Program is not licensed by Bright from the Start: Georgia Department of Early Care and Learning. The program was issued a religious exemption in September 2010. I understand that the After School Care Program carries liability insurance.

Early Release Days: I am responsible for notifying the ASC director at least 24 hours in advance if my child will attend/not attend ASC on early release days. I understand if I fail to notify the director in advance and my child attends, there may not be enough lunches on hand. ASC will provide my child a peanut butter sandwich if this is the case. I understand I will be charged for lunch if my child is a no show after I have made a reservation to attend.

I have read the important ASC program details in the Enrollment Form/Parental Agreement. By signing below, I am familiar with and I agree to all terms mentioned. I also understand that my Smart Tuition account will be charged monthly based on the hours my child is in ASC from August 2018 through May 2019. My account will be charged in the same manner as my tuition payments unless I notify the finance office otherwise. Both parents must sign this form below.

Father Signature/Date

Mother Signature/Date

ASC Director Signature/Date