



St. Clair County Community Education Extended Day Program

16700 US Hwy 411 • Odenville, AL 35120

Emily Davis, Community Education Director

Phone: (205) 629-7105

www.stclaircommunityed.com

Moody Elementary School

Before School Care

6:30 AM-7:30 AM

Weekly Fee: \$20.00 (no daily rates AND a \$5.00 fee will be applied to late payments)

All policies and rules from the After School Care contract will be followed.

Jason Tuggle, Site Director

Site Number: (205) 405-7303

Jason.tuggle@sccboe.org

Request to join our Facebook page for important announcements:

Moody Elementary Extended Day Program

We will take the children to breakfast at 7:15. Breakfast will be served for \$1.25 unless your child is on free or reduced lunch (.30).

DISCIPLINE POLICY

The Extended Day staff practice a policy of being fair, firm, and friendly. Student safety is a major consideration. Staff may not use any form of corporal punishment.

Step 1: The staff will discuss the child's inappropriate behavior with child, stating clearly the behavior that is expected. The child may be required to take a "time-out" for a period of time.

Step 2: If the child fails to respond positively to this statement of expected behavior of "time out" we will contact the parent describing the behavior required.

Step 3: If inappropriate behavior continues the child will be suspended from the program.

STUDENTS ARE EXPECTED TO:

- Obey the Extended Day Program rules.
- Follow the St. Clair County Board of Education code of conduct.
- Remain with the staff in designated Extended Day Program areas.
- Show respect for others and staff.
- Keep their hands to themselves, not touching others or other's belongings.

PARENTS ARE EXPECTED TO:

- Direct all concerns to the site director.
 - Make payments to the site director.
 - Pick up child if notified of illness or discipline actions.
 - Present picture ID and sign out child each day.
 - Pick up child before 6:00 p.m.
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- The program reserves the right to ask parents to remove their child if he/she cannot adjust to the program and/or for inappropriate behavior. The extended day programs maintain a 15 -1 student/staff ratio.
 - I have read and understand the program purpose, hours of operation, inclement weather policy, rates and payments procedures, late fees, discipline policy. I also understand that participation in the Extended Day Program is a privilege not a requirement of my child's educational process.
 - I give permission for my child to view PG movies.
 - I give permission for my child's picture to be taken and published.
 - I understand and agree to follow each condition as listed.

Parent's /Guardian's Signature

Date



**ST. CLAIR COUNTY BOARD OF EDUCATION
COMMUNITY EDUCATION EXTENDED DAY PROGRAM**

REGISTRATION FORM

CHECK SITE: ASHVILLE ELEMENTARY MOODY ELEMENTARY RAGLAND
 MOODY MIDDLE SCHOOL ODENVILLE ELEMENTARY SPRINGVILLE ELEMENTARY STEELE JR. HIGH
OTHER _____

STUDENT NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ GRADE: _____ TEACHER: _____

MOTHER'S NAME: _____ EMPLOYER: _____

(H) PHONE _____ (W) PHONE _____ (C) PHONE _____

FATHER'S NAME: _____ EMPLOYER: _____

(H) PHONE _____ (W) PHONE _____ (C) PHONE _____

LIST DRIVERS LICENSE # IF PAYING WITH PERSONAL CHECK: (MOTHER) _____ (FATHER) _____

CHILD LIVES WITH: _____

MEDICAL INFORMATION: _____

IS YOUR CHILD COVERED BY MEDICAL INSURANCE? YES NO

INSURANCE CARRIER: _____ POLICY #: _____

DOCTOR'S NAME: _____ PHONE: _____

PERMISSION TO SEEK MEDICAL TREATMENT IF UNABLE TO REACH PARENTS OR EMERGENCY CONTACTS?

YES NO

PLEASE LIST AN EMAIL ADDRESS _____

PLEASE LIST THREE RESPONSIBLE PERSONS TO CONTACT IN CASE OF EMERGENCY AND TO PICK UP CHILD IF PARENTS CANNOT BE REACHED, (*ONLY DESIGNATED PERSONS WITH PROPER IDENTIFICATION WILL BE ALLOWED TO SIGN CHILD OUT OF PROGRAM.*)

NAME: _____ RELATION: _____ PHONE _____ CELL _____

NAME: _____ RELATION: _____ PHONE _____ CELL _____

NAME: _____ RELATION: _____ PHONE _____ CELL _____

SIGNATURE OF PARENT: _____ DATE _____