

# Cub Care



## After School Program 2016-2017 Parent Handbook

Ringgold Primary School

340 Evitt Lane

Ringgold, Georgia 30736

Phone 706 937-5437 Fax 706 937-8383

To enroll in the Cub Care After School Program, please complete the registration forms and return to the school, you will be charged a \$5.00 non-refundable registration fee upon first stay. A child **must be enrolled** before attending the Cub Care Program.

All requested information on the enrollment forms must be completed and signed by the parent or guardian. Once the enrollment procedure is complete, your child may attend Cub Care as:

**Full Time** – (5 days) Child attends Monday through Friday of each week. Send a one-time note to your child’s teacher instructing him/her to send the child to Cub Care every day.

**Part Time** – (3/4 days) Child attends Cub Care on designated days. Send a one-time note to your child’s teacher instructing him/her which days will be in after school and how he/she will get home on the other days. These days **must be** consistent every week.

**Drop In** – (2 days or less) Send a note to your child’s teacher on days you wish him/her to go to Cub Care. **All drop-ins must be paid daily. No exceptions.**

### Fees

#### Yearly Enrollment Fee - \$5.00

		Full Price	Additional Sibling at RPS
2:30 – 3:30	1 hour	3.50	1.75
3:31-4:00	1.5 hours	5.25	2.63
4:01-4:30	2 hours	7.00	3.50
4:31 – 5:00	2.5 hours	8.75	4.38
5:01-5:30	3 hours	10.50	5.25
5:30-6:00	3.5 hours	12.25	6.12
6:01-???	\$2.00 per minute		

The after school program closes promptly at 6:00 p.m. **There is a late fee charge of \$2.00 per minute after 6:00 p.m. Payment for late pick-up is due when you pick up your child.**

\*\*Adjustments and changes are expected to be made. Parents should expect fees to increase after December of the school year if actual program expenses increase.

- Weekly invoices are from Monday thru Friday.
- Statements will be emailed(standard delivery) or printed (upon request) on the first school day of the following week.
- Payments are due upon receipt of invoice.
- If payment is not received by the second school day of the week (same week you receive your invoice), your child will not be allowed to attend Cub Care the following day until balance is paid in full.
- Payment for drop-in care is due when you pick up your child.
- Please note that failure to pay any fees will result in termination of participation in the program. Any accounts that have a past due balance will be put on hold and student will be withdrawn.
- Students can be denied participation in program based on an unpaid balance. This denial can be based on an unpaid balance at any Catoosa County School.

### **Returned Check Guidelines**

All returned checks will be forwarded to a financial service for recovery and incur a \$30.00 fee for NSF.

### **Typical Daily Activities**

Children may be involved in such activities as homework time, organized playtime, art, reading time and an opportunity to play games.

### **Parent Concerns and Suggestions**

The Cub Care After School Program is under the supervision of Nancy Gurganus, RPS Principal. Our Cub Care After School Program Director is Lisa Faltesek and you can reach her at 706/937-5437.

## **Arrival**

Students attending the program will go directly to the designated Cub Care Program area. Students will be “checked in” on the roster as soon as they arrive. Once students have checked into the Cub Care Program, they are under the supervision of Cub Care staff.

- The Cub Care Program will not be available during holidays, in-service days, or days that school will be closed due to inclement weather.

## **Departure**

- A late charge of \$2.00 per minute is charged after 6:00 p.m.
- All students will be checked out through the RPS school office by signing a sign-out sheet.

## **Discipline**

For the safety of all students and property, students are expected to comply with all school rules while participating in the Cub Care After School Program. Inappropriate behavior or failure to obey the teacher or paraprofessional on duty will result in suspension from the program. Our discipline procedure will be in the following format:

1. Warning – A student will receive a warning for his/her first action contrary to school rules.
2. Discipline Referral – A second offense will result in a discipline referral, which will be sent home and signed by the parent.
3. Five-Day Suspension – A third offense will result in another discipline referral being sent home and the child will be suspended from the Cub Care for a five-day period.
4. Ten-Day Suspension – A fourth offense will result in another discipline referral being sent home and the child will be suspended from Cub Care for a ten-day period.
5. One-Year Suspension – A fifth offense will result in a one-year suspension from the Cub Care After School Program from the point of the fifth offense.

**Severe offenses will be handled at the discretion of the after school director.**

## Check List

Thank you for your participation in the Cub Care After School Program.  
Please check that you have:

- Read the RPS Handbook
- Read the Cub Care Handbook
- Completely filled out the enrollment forms and returned to the school. Please give special attention to the email address, emergency phone information, any medical information, and transportation information.
- If you send your enrollment forms or payment to the school, be sure to send it in an envelope marked Cub Care.

### **PLEASE REMEMBER CUB CARE PAYMENT SCHEDULE AND TERMS:**

- Payment is due upon receipt of invoice.
- Charges are from Monday thru Friday.
- You will receive an invoice on the first school day of every week for the previous week.
- Any payment not received by the second school day of the week, your child will not be allowed to attend Cub Care the following school day. Please make other arrangements for after school care.
- If for any reason you have not received their invoice, please contact Cub Care for your invoice total. **IT IS YOUR RESPONSIBILITY TO PAY THEIR INVOICE IN A TIMELY MANNER.**
- After three late payments your account will be placed on pay in advance.
- After two NSF checks your account will be place on Cash only basis.
- All drop-in care is required to pay when you pick your child up from after school care. Please make arrangements to pay on time or if someone else is picking up your child you may pay in advance.

If you have any questions, please feel free to call the school.

Thank You!

Catoosa County Public Schools

## Request for Enrollment in After School Program

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

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The After School Program is a voluntary, self-sustaining program that provides care for students during after school hours. The safe and caring environment is intended to meet the needs of students who would otherwise be home alone after school. Although it is not a basic element of the general education program, it provides an opportunity for students to engage in after school activities.

Due to the fact that no particular supervision would necessarily be provided by certificated personnel, this program may not be appropriate for all students.

I agree to be responsible for all costs associated with the individualized needs of my child during their participation in the After School Program.

As a parent/guardian, I understand the purpose of the After School Program and understand that at times it may not be appropriate for my child to attend and agree to remove him/her from the program at that time.

**All of the above information given is true to the best of my knowledge. I have also read the parent handbook and agree to abide by the conditions set forth in the handbook.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cub Care 2016-2017**

**After School Program Enrollment Form**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

**(Invoices and Handbook will only be sent to the above email address(es) unless printed copies are requested.)**

Circle item if requesting printed copy:           **Invoices**           **Handbook**

Mother's Name \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Work \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Cell \_\_\_\_\_ Work \_\_\_\_\_

In case of emergency we will call the following person if the parents cannot be reached:

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

My child's enrollment status will be:

\_\_\_\_\_ Full Time (5 days)

\_\_\_\_\_ Part Time: \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri (3/4 days)

\_\_\_\_\_ 2 days or less – pay when you pick up your child

I have purchased school insurance for my child (check one): \_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby authorize the release of my child from Cub Care After School Program to **ONLY** the following individuals (**other than parents**). I understand that a phone call for student release to any other individual will not be accepted.

Name	Phone	Name	Phone
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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**PLEASE COMPLETE THE BACK SIDE OF THIS ENROLLMENT FORM**

## Other Children in Cub Care

Full Name	Homeroom Teacher	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you employed by Catoosa County Schools? Circle one: Yes No

If yes where? \_\_\_\_\_

## Medical Information

Is your child allergic to bee-stings?

\_\_\_\_\_

Does your child have asthma?

\_\_\_\_\_

Please list any food restrictions:

\_\_\_\_\_

Please list any medications your child is currently taking: \_\_\_\_\_

\_\_\_\_\_

Please list any other medical information we should know: \_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS (INCLUDING OVER-THE-COUNTER) WILL NOT BE ADMINISTERED WITHOUT A DOCTOR'S NOTE.**

**All of the above information given is true to the best of my knowledge. I have also read the parent handbook and agree to abide by the conditions set forth in the handbook.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### OFFICE USE ONLY

Cub Care Enrollment Fee Paid: \_\_\_\_\_ Yes \_\_\_\_\_ No

Paid Cash \_\_\_\_\_ Paid with Check Number \_\_\_\_\_ Date of Payment \_\_\_\_\_