

Hello PCS Parents!

Welcome to the 2016-17 school year! We have a lot of exciting programs in store for the PCS Before and After Care Program. Your child/children will be cared for by qualified professionals in a secure and enriching environment. Here are some of the highlights of the available programs.

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| BEFORE CARE | AFTER CARE |
| * Hours are 6:00 am – 8:10 am daily
* Half days are included (ends at 4:00 pm.)
* Breakfast is included
* Computer centers
* Game/Activities centers
* Daily age appropriate movie center
* Gym Activities
 | * Hours are **3:25 pm – 6:00 pm**
* Half days included (ends at 4:00 pm)
* Afternoon snack is included
* Daily homework centers
* Computer activities
* Indoor/Outdoor activities
* Group crafts
* Gym activities
* Visits from the Zoo and Magic House
* Cooking Activities
* Various Sports
* X-Box Connect
* Dance
* Karate
 |

\*\*\*\*Families with unpaid balances from previous years will not be allowed to sign up for the 2016-2017 BAC program\*\*\*\*

FOR MORE INFROMATION AND QUESTIONS CONTACT:

**Mr. Josh Lydon**

PCS Main Phone: 314-645-9600 ext.: 223

BAC Cell: 314-398-7603

We look forward to partnering with you this year to ensure your child’s continuous success at PCS!

Thank You!

Josh Lydon

Before and After Care Program Director

St. Louis’ Premier Charter School

314-645-9600 ext: 223

Aftercare Cell: 314-398-7603

jlydon@premiercharterschool.org

Behavior Policy

* Students exhibiting aggressive, disrespectful, or violent behavior will or may begin the Step Process. The steps order depends on the severity of the offense, but most minor incidents can and will be followed in the following order:
	1. Parent contact from BAC worker
	2. Student referral to Mr. Lydon
	3. Parent meeting/ contact from Mr. Lydon
	4. Possible detention time, suspension or expulsion from before and/or aftercare.

Drop Off and Pick UP

* ALL students must be walked into the building and signed in by a parent or legal guardian
* ALL students must be picked up by an approved care giver and signed out of the After Care Program **NO LATER THAN 6:00 pm**
* If these processes are not followed, a parent meeting will be held with BAC workers and Mr. Lydon for discussion and possible conclusion of services from the program

Times

* **Before School Program:**
	+ Times: Arrive as early as 6:00 a.m. – 8:10 a.m. Includes breakfast
* **After School Program:**
	+ Times: 3:25 p.m. – Stay as late as **6:00 p.m**. Includes afterschool snack
* **Early Dismissal Days:**
	+ The BAC program is available on scheduled early dismissal days running from dismissal at 12:00 (noon) to 4:00 p.m. ONLY.
	+ There will be **NO aftercare on the first day of school (Aug. 16th) or last day of school, (May 26th).** Please make arrangements ahead of time to ensure your child is picked up by 12:00 pm (noon).

Drop-In/Occasional Attendance

* Students who are not signed up for BAC can still attend on an occasional basis. Please notify the office or Mr. Lydon if your child/children need to attend BAC for the day.
* Any PCS parent may utilize the drop-in system for the Before and/or Aftercare Program. The payment for drop-ins is per use.

Additional Information

* Students who are not picked up at the end of the program, **6:00 p.m**., will be charged $1.00 per child per minute past this time.
* The aftercare cell phone will be used as the official time.
* Students who are not picked up at dismissal (at the end of the school day, 3:25 pm) and are brought to aftercare will be charged a drop in fee of $15 if they are not picked up by 3:45 pm. Each student that is considered a late pick up will be charged the $15 drop in fee and will be considered in aftercare for that day.
* If students are considered as a late pick up and are in aftercare until 3:45 pm on three (3) or more occasions, they will be enrolled in the aftercare program and charged the program fee.

**Before & After Care** **Program**

**2016-2017 Registration Form**

**BAC Director: Josh Lydon**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name** | **Date of Birth** | **Gender (M/F)** | **Grade**2015-2016 | **Homeroom Teacher** |
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**Parent /Guardian:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** (please print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone numbers**: **Home** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent /Guardian:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** (please print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone numbers**: **Home** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check ALL that apply: Does this student have a/an:**

\_\_\_\_\_ Chronic / Severe Health Condition: (Please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Allergies: (Please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please initial indicating that you agree:

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| --- | --- |
| **Initial** | **I agree to…** |
|  | Sign in/ out my child every day and walk in to drop off and pick up my child every visit. If my child/children are not walked into before care, they will not be able to participate in activities. If this occurs 3 or more times there will be further consequences. |
|  | I understand that my child can be removed from the BAC program if they do not adhere to school rules |
|  | Make monthly payment by the first of each month or no later than the 15th of each month |
|  | Contact PCS if needing a change in program or cancellation of services. There will be a $5 charge every time there is a program change. You get 1 free program change per trimester.  |
|  | Allow pictures to be taken of my child/children and displayed for school purposes  |
|  | If my child/children is experiencing problems in the program, the parent may be called to pick up their child/children or make other arrangements to be picked up |
|  | Special activities or field trips are a privilege for my child/children to participate in. The privilege of participation may be withdrawn or withheld due to actions taken by my child/children.  |
|  | Pick up my child/children at the end of the program **(6:00 pm)**. I understand that there will is a $1.00 per minute/per child charge past **6:00 pm**. I understand that if my child/children are late being picked up more than 3 times there will be further consequences.  |
|  | I understand payments are based on a monthly flat fee and are **not** pro-rated for holidays, half days, snow days, sick days, days a child is suspended, or days not in attendance.  |

**\* Front and back of this page need to be completed and turned in to Mr. Lydon, BAC Director.**

**Billing/ Payment information:**

Fees: PLEASE CHECK **ALL** PROGRAMS YOU WOULD LIKE TO BE ENROLLED IN:

|  |  |  |  |
| --- | --- | --- | --- |
| **PROGRAMS** | **Full Program:** | **Part-Time Program:****Three (3) days per week or less****Please specify days of the week if known** | ***(OFFICE*** ***USE ONLY)*** |
| Before Care **(BC)** **6:00-8:10 am**  |  | Mon/Tues/Wed/Thurs/Fri |  |
| AFTER CARE **(AC)** **3:25-6:00 pm**  |  | Mon/Tues/Wed/Thurs/Fri |  |
| Before& After Care **(BAC)****6:00-8:10 am & 3:25-6:00 pm**  |  | Mon/Tues/Wed/Thurs/Fri |  |

**Please see the Billing Guide on the next page for prices**

Daily drop in fees: **BEFORE CARE**: $5.00, **AFTER CARE**: $15.00, **HALF DAYS**: $25.00

**Late Pick-Up Fee**: $1.00 per minute (after 6:00pm) per child

**Change of Program Fee**: $5.00 every program change. 1 free program change per trimester.

***Please return the completed application and 1st month’s payment along with any DSS forms and/ or the Free and Reduced State form by AUGUST 11th, 2016 at the PCS Ice Cream Social to:***

**For Billing Information Please Contact**

St. Louis’ Premier Charter School Attn: Cristie Baker, BAC Billing

5279 Fyler Avenue Email: cbaker@premiercharterschool.org

St Louis, MO 63139-1300 (314) 645-9600 ext. 155 fax: (314)645-9700

**IMPORTANT BILLING INFORMATION**

* **Families with multiple children enrolled will receive a 40% discount for each additional child**
* If you have an outstanding balance from the previous school year for meals, Before/After Care services, you must settle your account before enrollment for the 2015-16 school year. Contact Mrs. Cristie Baker for details.
* **Financial Assistance: This may ONLY be obtained through the Free & Reduced State program or Division of Social Services subsidy.** To apply, an application for Free & Reduced meals needs to be competed. This form may be obtained from the office.
* **If DSS is providing a subsidy, then the DSS caseworker must provide the appropriate form. PCS DVN number is 002238528.**
* **Families with unpaid balances from previous years will not be allowed to sign up for the 2016-2017 BAC program.**

**Select Payment Options:**

* **Credit Card online via Parent Portal: https://mocloud1.infinitecampus.org/campus/portal/premiercharter.jsp**
* **CASH/Check/Money order**

*(Please make money order or personal check made payable to:* ***Premier Charter School)***

Please print and sign your name agreeing that you will make the necessary payments for the program you choose.

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL PAYMENTS ARE DUE ON THE 1st of each month. Any payment not received after the 15th is considered late. Outstanding balances can result in program suspension.**

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| **2016-2017 Before and After Care Billing Chart** |
| **Full Time** |   |   |   |   | **Part Time (up to 3 days)** |   |
| **Before Care Payment Options** | **Year (179days)** | **Monthly (10months)** | **Daily Drop-In Fee** |  | **P/T Before Care Payment Options (3Days)** | **Year (107days)** | **Monthly (10months)** |
| Full | 360.00 | 36.00 |   |  | Full | 220.00 | 22.00 |
| Reduced Meals  | 180.00 | 18.00 |   |  | Reduced Meals | 110.00 | 11.00 |
| Free Meals  | 40.00 | 4.00 |   |  | Free Meals | 30.00 | 3.00 |
| BC Drop In Fee |   |   | 5.00 |  |  |   |   |
| **After Care Payment Options** | **Year (179days)** | **Monthly (10months)** |  |  | **P/T After Care Payment Options (3Days)** | **Year (107days)** | **Monthly (10months)** |
| Full | 1,430.00 | 143.00 |   |  | Full | 860.00 | 86.00 |
| Reduced Meals | 360.00 | 36.00 |   |  | Reduced Meals | 220.00 | 22.00 |
| Free Meals | 180.00 | 18.00 |   |  | Free Meals | 110.00 | 11.00 |
| AC Drop In Fee |   |   | 15.00 |  |   |   |   |
| **Before & After Payment Options** | **Year (179days)** | **Monthly (10months)** |  |  | **P/T BAC Payment Options (3Days)** | **Year (107days)** | **Monthly (10months)** |
| Full | 1,790.00 | 179.00 |   |  | Full | 1,080.00 | 108.00 |
| Reduced Meals  | 540.00 | 54.00 |   |  | Reduced Meals | 330.00 | 33.00 |
| Free Meals  | 220.00 | 22.00 |   |  | Free Meals  | 140.00 | 14.00 |
| 1/2Day Drop In Fee  |   |   | 25.00 |   |   |   |   |

\*Financial Assistance: This may ONLY be obtained through the Free & Reduced State program or Division of Social Services subsidy.

To apply, an application for Free & Reduced meals needs to be completed. This form may be obtained from the office.

\*\* Families with multiple children enrolled will receive a 40% discount for each additional child

**\*\*\* If DSS is providing a subsidy, then the DSS caseworker must provide the appropriate form. PCS DVN number is 002238528.**

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