

Revised 8-18-17 KJC

**Return last 9 pages to  
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Phone (336) 857-3983**

**FARMER ELEMENTARY SCHOOL**  
**CHILD CARE PROGRAM**

**MORNING**  
**&**  
**AFTER SCHOOL**

# OPERATIONAL POLICIES

## A. STATEMENT OF PURPOSE

The purpose of the program is to provide child care for students grades K-5.

The program will consist of supervised enrichment and recreational activities suitable to the appropriate age groups.

## B. PROGRAM DESCRIPTION

1. Each child will have the opportunity to participate in indoor activities each day involving at least three of the following areas:
  - a. Arts and crafts area
  - b. Block play area
  - c. Science and nature area
  - d. Food experience area
  - e. Dramatic play area
  - f. Small group area
  - g. Social studies
  - h. Music area
  - i. Homework and study time
  
2. Each child will have the opportunity to participate in at least four of the following outdoor activities each day, weather permitting:
  - a. Climbing and stretching
  - b. Sliding
  - c. Swinging
  - d. Running and jumping
  - e. Throwing and kicking

3. A snack will be provided daily, prepared by the Child Nutrition Staff at the school.
  - a. Arrangements must be made for special diets.

#### C. THE HOURS AND DAYS OF OPERATION

1. Regular School Days:  
Morning Program 6:00 a.m. until 7:30 a.m.
2. Regular School Days:  
After School Program 2:45 p.m. until 6:00 p.m.

#### D. DEVELOPMENTAL LIMITATIONS OF CHILDREN SERVED

1. Children are accepted on a first come first serve basis.
2. The program is not equipped or staffed to handle children with severe-handicaps.

#### E. PROCEDURES FOR SAFE ARRIVAL AND DEPARTURE OF CHILDREN

1. Parents will PICK UP their child/ren from the Day Care room. All children MUST BE SIGNED OUT.

#### F. FEES AND PROCEDURES FOR PAYMENT

The program is financially supported through fees collected from parents of each child enrolled.

1. The fees are \$35.00 per week for all students in the After School Program, except those of staff. The staff rate is \$3.00 per day when the child is in attendance. The fees for Randolph County School Employees are \$5.00 a day, \$25.00 per week. Before School fees are \$2.00 per day when the child is in attendance.

Regular Week

1 Child	\$35.00	Per Week
2 Children	\$65.00	Per Week
3 Children	\$95.00	Per Week

2. Payment should be weekly or bi-weekly. If school is CLOSED for inclement weather, fees are pro-rated. There are no fees for HOLIDAYS or DAYS when school is CLOSED. Drop-Ins pay on the spot.
3. A late fee of \$10.00 is charged to parents who have not picked up their child/ren by 6:00 p.m. – 6:15 p.m. payable on the spot. After 6:15 p.m., the fee is an additional \$1.00 per minute.
4. We expect cash for a bounced check.
5. If school closes due to inclement weather, Day Care will be open one hour after early dismissal.
6. If school is on a 2 hour delay, Day Care is on a 2 hour delay also.

**G. PROCEDURES FOR OBTAINING ENROLLMENT INFORMATION**

1. Registration begins in the spring for the next school year, at the Kindergarten screening. Parents may register their child at any time by picking up an application and returning it to the Day Care Director. Children are accepted if there is space available.
2. ALL FORMS MUST BE TURNED IN BEFORE YOUR CHILD CAN START THE DAY CARE PROGRAM.

## H. HEALTH AND SAFETY POLICIES: CHILDREN

When a child needs medicine administered by the Day Care Center the parent must:

1. Send only prescription medicine in the original container with instructions on the label.
2. Sign and date a note giving the Center permission to give the medicine and information relative to any possible side effects.
3. Inform the Center when the medicine is to be discontinued.

## I. ACCIDENTAL INJURY OR EMERGENCY HEALTH PROBLEM

1. In case of accidental injury or an emergency health problem, we will make an immediate attempt to contact a parent, we will call the child's physician (listed on the Child's Application). If necessary, we will also call the rescue squad. Until the arrival of the parent, the physician, or the rescue squad, the lead teacher will be in charge and make all decisions about care of the child. The Center will maintain a parent's signed consent form agreeing to emergency medical care (see Child's Application for Day Care). The emergency telephone number will be posted by the lead teacher by the telephone and the staff will be instructed in the procedures to follow in case of illness or injury.
2. In case of a serious accident or severe illness requiring hospitalization or emergency treatment, the emergency room of the nearest hospital will be used.

## J. CONTAGIOUS DISEASE

If your child or a family member has been exposed to a communicable disease such as chicken pox, impetigo, scabies, strep infection, etc., inform the Center. In return, when the Center identifies a child or staff member with a communicable disease, we will contact parents.

## K. BEHAVIOR MANAGEMENT POLICIES

1. We have rules that must be followed for the sake of safety, health, and acceptable behavior.
2. We will try to help each child learn to discipline himself; to understand his rights and responsibilities of others; and to be sociable and able to share materials, equipment, etc., with others.
3. Discipline may take the form of "TIME OUT," or a similar technique. This involves isolating the child from the group in another part of the room, until she/he feels she/he can function in an acceptable manner. Good behavior is rewarded with praise, a smile, a pat on the back, etc.
4. Corporal punishment, sarcasm, and yelling by the staff are not acceptable means of disciplining children in our program.

## L. SNACKS

An afternoon snack will provided daily. The children are required to wash their hands upon arrival and before eating each day. Our snacks are created to meet USDA Food Program Guidelines.

## M. HOMEWORK

Monday – Thursday there will be a designated time and quiet area for the children to complete homework. A staff member will be available to assist the children with their assignments if needed.

## N. CHILD ABUSE/NEGLECT

Our goal is to protect the children in our care. We are required by law to report any causes where there is reasonable cause to suspect that a child has been abused, neglected, or exploited, either sexually, physically or emotionally. We will cooperate with the authorities in the investigation of any reported cases. Our staff receives training in preventing abuse and neglect as part of their regular orientation.

#### O. CLEANING AND MAINTENANCE

The After School facilities are thoroughly cleaned by our janitorial service Monday through Friday. They are responsible for trash removal, cleaning of all bathrooms, all floor cleaning and maintenance. Staff is responsible for keeping the environment clean and organized throughout the programs usage. Any items not belonging in a child's backpack (as per state law) will be removed by a staff member and locked in a cabinet.

#### P. SMOKE FREE POLICY

Our school is a Smoke Free Facility. Smoking is not permitted on our school campus including outdoors.

#### Q. BAN ON WEAPONS

Weapons of any kind are not permitted on school grounds or in vehicles. As a safety precaution, we also request that your child not bring any toy which resembles a weapon to school.

#### R. DAYCARE DRESS CODE

Farmer Before & After School Program follows the School Handbook regarding the dress code of our students. The one thing that we do ask is, if your daughter wears a dress/skirt to school please put a pair of shorts, or thick tights under it. We ask this to save her embarrassment when playing on the play equipment.

# DAY CARE STUDENT INFORMATION SHEET

## STUDENT INFORMATION

Student Full Legal Name \_\_\_\_\_

Student Date of Birth \_\_\_\_\_

Student Race Black Hispanic Indian White Other \_\_\_\_\_

Student Sex Female Male

Student 911 Address \_\_\_\_\_

Student Lives With  
Mother & Father  
Mother & Step-Father  
Father & Step-Mother  
Grandparents  
Mother Only  
Father Only  
Guardian

Student Phone Number \_\_\_\_\_

## PARENT INFORMATION

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

Place of Employment \_\_\_\_\_

Employment Phone Number \_\_\_\_\_

Mother's Phone Number \_\_\_\_\_

Mother's Cell Phone Number \_\_\_\_\_

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

Place of Employment \_\_\_\_\_

Employment Phone Number \_\_\_\_\_

Father's Phone Number \_\_\_\_\_

Father's Cell Phone Number \_\_\_\_\_

## EMERGENCY INFORMATION

Contact Person's Name \_\_\_\_\_

Contact Person's Phone Number \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Hospital Preference \_\_\_\_\_



# CHILD'S MEDICAL REPORT

Form No. DFS-0312DC

Rev. 7/88

Name of Child \_\_\_\_\_

Age \_\_\_\_\_

Birth Date \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

## MEDICAL HISTORY (May be completed by parent)

1. Previous hospitalization? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, why? \_\_\_\_\_

2. Is child allergic to anything? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what? \_\_\_\_\_

3. Any previous disease or illness? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what? \_\_\_\_\_

4. Any operations? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what? \_\_\_\_\_

5. Any physical handicaps? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe \_\_\_\_\_

\_\_\_\_\_

6. Is your child under care of a doctor? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, for what reason? \_\_\_\_\_

\_\_\_\_\_

7. Any history of mental retardation? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Any history of convulsions? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Any history of diabetes in family? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Any history of heart trouble? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

Name of Center      Farmer Elementary School                      Date Adopted      \_\_\_\_\_

Praise and positive reinforcement are effective methods of behavior management for children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this Center will practice the following Discipline and Behavior Management Policy:

<b>WE DO</b>	<b>WE DO NOT</b>
Praise, reward, and encourage the children.	Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
Reason with and set limits for the children.	Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
Model appropriate behavior for the children.	Shame or punish the children when bathroom accidents occur.
Modify the classroom environment to attempt to prevent problems before they occur.	Deny food or rest as punishment.
Listen to the children.	Relate discipline to eating, resting or sleeping.
Provide alternatives for inappropriate behavior to the children.	Leave the children alone, unattended or without supervision.
Provide the children with natural and logical consequences of their behaviors.	Place the children in locked rooms, closets or boxes as punishment.
Treat the children as people and respect their needs, desires and feelings.	Allow discipline of children by children.
Ignore minor misbehaviors.	Criticize, make fun of, or otherwise belittle children's parents, families or ethnic groups.
Explain things to the children on their levels.	
Use short supervised periods of "time-out."	
Stay consistent in our behavior management program.	

I, the undersigned parent or guardian of \_\_\_\_\_,  
(Child's Full Name)

do hereby state that I have read and received a copy of the Center's Discipline and Behavior

Management Policy and that the Center director/coordinator (or other designated staff member) has

discussed the Center's Discipline and Behavior Management Policy with me.

Child's Enrollment Date

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Distribution

One copy to parent(s)

Place signed copy in child's day care record

### "TIME-OUT"

"Time-out" is the removal of a child for a short period of time—three to five minutes—from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "time-out" space—usually a chair—is located away from classroom activity but within the teacher's sight. During "time-out," the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than five minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown the other children. (Adapted from an original description of "Time-Out" by Elizabeth Wilson, student, Catawba Valley Technical College.)

Dear Parent:

If your child will be enrolled in an After School Enrichment Program this year, sponsored by the Randolph County Schools, the appropriate statement at the bottom of this sheet must be checked and signed by you on or before the first day of attendance. This signed statement must be turned in to the Lead Teacher of the After School Enrichment Program at your child's school. The program will begin on the afternoon of the first day of school for students.

If your child is enrolled in the School Accident Insurance Policy offered by your school, s/he will be covered during the regular school day, but will need 24 hour insurance while attending the After School Care Program while in direct route from school to the home.

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A. \_\_\_\_\_ I have purchased regular or 24 hour School Accident Insurance for my child/ren who is/are enrolled in an After School Child Care Program sponsored by the Randolph County Schools during the school year.

Card Number \_\_\_\_\_

B. \_\_\_\_\_ I have family insurance for my child to cover medical expenses resulting from accidents which might occur while attending the After School Enrichment Program sponsored by the Randolph County Schools.

\_\_\_\_\_  
Name of Insurance Company      Policy Number      Policy Holder Name

C. \_\_\_\_\_ I fully understand the Randolph County School System will not be responsible for medical expenses for my child resulting from accidents which might occur while attending the school-sponsored After School Enrichment Program.

\_\_\_\_\_  
Name of Child      School Attending      Signature of Parent

Date \_\_\_\_\_

# STUDENT PICK UP LIST

State daycare licensing law requires that we have in writing the names of anyone we may release children to. Please, list the people who have permission to pick up your child.

<b>Father</b>	_____	Work Phone	_____
		Cell Phone	_____
		Home Phone	_____
<b>Mother</b>	_____	Work Phone	_____
		Cell Phone	_____
		Home Phone	_____

## Other (please specify):

For example:

Sue Jones	Friend of Family	555-1234
Neil Smith	Grandfather	555-4567

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Application Date \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

### CHILD'S APPLICATION FOR CHILD CARE

*To be completed and placed on file prior to enrollment*

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_  
(Last) (First) (MI) (Nickname)

Address \_\_\_\_\_

#### INFORMATION ABOUT THE FAMILY:

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

#### INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). \_\_\_\_\_

#### EMERGENCY CARE INFORMATION:

Child's Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

If you cannot call for your child, please give the names of persons to whom the child can be released:

\_\_\_\_\_

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

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(Signature of Parent/Guardian)

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(Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

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(Signature of Operator)

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(Date)

## Emergency Contact Update Form

During the school year we may have some situations that are beyond our control. These consist of but are not limited to: tornadoes, hurricanes, bomb threats, fire, early release, school delays, etc...

We need to have emergency contacts that can be called if any of these situations occur. You must have your child picked up within 30 minutes of dismissal. Please, provide the names and phone numbers of those people we need to contact during such emergencies.

**IT IS EXTREMELY IMPORTANT THAT THIS INFORMATION BE RETURNED AND KEPT CURRENT THROUGHOUT THE SCHOOL YEAR. IF YOU CHANGE JOBS, MOVE, OR GET A NEW PHONE NUMBER, PLEASE, NOTIFY THE SCHOOL IMMEDIATELY!**

Please remember to watch the news, listen to the radio, or check the RCS homepage during adverse weather months.

### Emergency Contacts

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_