

VENTNOR BEFORE/AFTER CARE PROGRAM

Phone: 609-487-7900 Extension 4209

Program Goals:

1. To provide a safe and friendly environment before and after regular school hours.
2. To provide an atmosphere where children develop important and caring relationships with other children and adults.
3. To assist the children with their homework if needed.

Participants:

The program is designed for kindergarten through fourth grade students who are enrolled in the Ventnor Educational Community Complex and are officially registered in the program. No children over the age of 12 will be admitted into the program.

REGISTRATION

For each child attending the program, parent or guardian must complete all forms at the end of packet and return them to the elementary office prior to attending. **A registration fee of \$10.00 must be submitted with registration packet.**

Weekly Registration and Payment:

New this year, pre-registration and prepayment are required for all students each week. Use the pre-registration form to document when you child is staying for before or aftercare. Payment is due the Friday prior to the week your child will attend with the pre-registration form. SUBMIT FORMS TO THE ELEMENTARY OFFICE. FORMS AND PAYMENT CAN NO LONGER BE ACCEPTED IN THE AFTERCARE ROOM. Registration forms will not be accepted without payment. Credits are only offered if the school is closed for an emergency or inclement weather. Fees are indicated on the pre-registration form. Drop-in rates apply if you child is not pre-registered.

Location:

Early Childhood Center, rooms 01 and 05.

The program will operate out of rooms 01 and 05. Children will be picked up on the east side of the building, playground area, door 9.

Program:

A.M.: Students will report to room 05 no earlier than 7:30, where they will be able to watch TV, color and socialize. The coordinator will send the children to the cafeteria for breakfast then will go to their classroom at the appropriate time.

P.M.: On a full day dismissal ends at 3:15. All parent pick up is to occur at the Green Canopy. If your child is not picked up at the Green Canopy, he or she will be sent to Aftercare. **If your child is brought into the Aftercare room, you will be charged at least \$1.**

Times:

For each child attending the program, parent or guardian must complete all forms at the end of packet and return them to the elementary office prior to attending.

A.M. 7:30 a.m. - 8:15 a.m.

P.M. 12:15 p.m. - 1:30 p.m. on half days prior to a major holiday.

12:15 p.m. - 5:30 p.m. on conference half days and teacher's in-service.

3:15 p.m. - 5:30 p.m. on all full days that school is in session.

Late fee: A \$5 late fee will be charged for balances not paid by the end of the week following services. An additional \$5 fee will be added for each additional week the balance remains unpaid.

We accept cash and checks payable to: Ventnor Before & Aftercare.

Sign In/Out:

A.M.: All children must be signed into the Program by an authorized person.

P.M.: Children must be picked up and signed out by the parent/guardian or responsible adult who has been authorized by the parent in writing. Children will be picked up from Room 05 (playground area, Door 9) by 5:30. All parents must arrive no later than 5:30, gather belongings, and sign each child out. The coordinator must have written permission/instruction in case of a medical emergency when a parent cannot be reached. Also if a parent has an emergency and does not come for the child, a backup contacts must be provided.

Behavior:

All school policies, procedures, rules and regulations will be in effect for the Program. Any child, who does not behave, cannot follow rules, hurts someone deliberately, or is disruptive will be removed from the program after all reasonable efforts have been exhausted. All children must be self-sufficient.

Transportation:

All parents are responsible for picking up their children at the required time. The program is officially closed at 5:30. Parents who pick up their child late two (2) times may be asked to make another child care arrangement. There will be a \$25 fee charged each time a student is not picked up by 5:30. The Board of Education does not provide general transportation.

Ventnor Educational Community Complex
Before/After Care Program – DISMISSAL FORM

Student's Name: _____

Parent/Guardian with whom student resides (Please note mom, dad or guardian):

1. Name: _____ Home #: _____
Address: _____ Cell #: _____
Employer: _____ Work #: _____

2. Name: _____ Home #: _____
Address: _____ Cell #: _____
Employer: _____ Work #: _____

PERSONS OVER 18 YEARS OLD AUTHORIZED TO PICK UP MY STUDENT (S):

Name: _____ Relation _____ Phone: _____
Phone: _____

Name: _____ Relation _____ Phone: _____
Phone: _____

Name: _____ Relation _____ Phone: _____
Phone: _____

Name: _____ Relation _____ Phone: _____
Phone: _____

Name: _____ Relation _____ Phone: _____
Phone: _____

For your child's safety, he or she will not be released to anyone who is not listed on this form.

Only persons with whom your child resides may add names to this form.

Ventnor Educational Community Complex

Before/After Care Program

Student's Name: _____ **Grade** _____

Personal Property Release: I understand that the Ventnor Educational Community Complex Before/After Care Program is not responsible for any property belonging to my child(ren) or myself which is brought to the program or left or lost at program sites.

Signature _____ Date _____

Photo/Video Permission: I grant permission and authorization to have my child (ren) appear in any media coverage approved by the Ventnor Educational Community Complex Before/After Care Program. This includes but is not limited to newspaper, website and promotional materials. I understand the Coordinator has the authority to determine appropriate requests.

Signature _____ Date _____

G/PG Movies Permission: I understand that the Ventnor Educational Community Complex Before/After Care Program may, at times, show G rated movies. I hereby give permission for my child (ren) to participate in this activity.

Signature _____ Date _____

Emergency Numbers: Please give the name/phone number of three (3) people that may be notified in case of an emergency when parent/guardian listed is not available. These people should live in the district. Please provide a telephone number (a cell phone if available) where these people may be contacted during program hours.

Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____

Cell Phone: _____

Work Phone: _____