

Ventnor Educational Community Complex

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.**

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/Fees**:

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. **Payment is due on Friday**

of each week. Charges will be calculated in 15 minute increments. For example, 16 minutes will be charged as ½ an hour.

A.M. 7:30 a.m. - 8:15 a.m. \$6.00 per day

P.M. Fee - \$6.00 per hour (\$3.00 for each additional sibling).

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 over \$20 not paid by the end of the week following services.

We accept cash and checks payable to: Ventnor Educational Community Complex.

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: _____

Ventnor Educational Community Complex

Before/After Care Program

Emergency Medical Information

Child's Name: _____

Child's Medical Condition:

Child's Physician: _____

Address _____

Office Number _____ Other # _____

Health Insurance Info:

Insurance Co. _____ Policy ID # _____

Policy Holder _____

Please be advised that during Before/After Care hours of operation there may not be a nurse in the building. Before/After Care personnel cannot administer medications to any student. In case of a serious emergency Before/After Care personnel will call 911. If emergency medical care is deemed necessary and I cannot be contacted I authorize the program staff to act on my behalf in granting permission for my child to receive emergency treatment. I understand that in a severe emergency, my Child will be taken by ambulance to the nearest hospital.

Parent's Signature

Date