

TRUSSVILLE CITY SCHOOLS
SUMMER CARE PROGRAM
PARENT HANDBOOK

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Program Managers:

Cahaba Elementary: Sharon Smith (205) 517-2383
(205) 228-3488
Sharon.smith@trussvillecityschools.com

Magnolia Elementary: Belinda Prosser (205) 517-2362
(205) 228-3596
Belinda.prosser@trussvillecityschools.com

Paine Elementary: Beth Martin (205) 317-6397
(205) 228-3276
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Program Supervisor:

Hal Riddle (205) 228-3032

INTRODUCTION

The Summer Care program is offered by the Trussville City Board of Education. The program is intended to be a high quality enrichment experience, providing opportunities for student interaction, physical, social, and academic development.

HOURS AND LOCATION

The Summer Care Program opens at 7:00 am and runs until 6:00 pm. The program will start on May 28, 2019 and will end on.

ENROLLMENT REQUIREMENTS

1. Only students who are K5-4th grade (K5 students must be potty trained) who attend Paine, Cahaba, or Magnolia Elementary will be accepted into the Summer Care Program. The Summer Care program will have a maximum capacity of 50 students at each campus. There will be no exception.
2. Only students whose parents/legal guardians have completed the following registration requirements will be considered for acceptance into the Summer Care Program:

- Emergency Information Form
- Parent Handbook Signature Page
- Tuition Contract

Board Approved

Dr. Pattie Neill

- \$45 Registration Fee (Non- Refundable)
- Vital Information Card
- Copy of Current Health Insurance Card

ANY STUDENT WITH AN INCOMPLETE REGISTRATION PACKET WILL NOT BE ACCEPTED INTO THE SUMMER CARE PROGRAM UNTIL ALL DOCUMENTS ARE COMPLETED.

3. When the student applying is designated a student with special needs, the parent/legal guardian will first contact the Director of the Summer Care at the student's zoned school in order to discuss appropriate care for the student.
4. When the Summer Care Program is at maximum capacity, parents may place their students(s) on a waiting list and be notified on a first-come, first-served basis.
5. All children in the Summer Care Program must have proof of full coverage insurance and provide a copy of their current health insurance card.

FEES

Registration Fee: \$ 45.00 per family

Weekly Fee: \$ 90.00 per week for the 1st student

\$ 70.00 per week for additional student(s)

Field Trip: Cost will be determined on a monthly basis and must be included into the tuition check.

Late Pickup Penalty: A \$5.00 per student penalty will be charged for every five (5) minutes after 6:00 pm. The late pickup penalty will be applied to the month's tuition. If you are chronically late picking up your student(s) after the third offense they may be dismissed from the program.

MINIMUM CHARGE, ABSENCES, REFUNDS AND CREDITS

Each student will be allowed one (1) week of vacation time during which tuition will not be charged. Please notify your Summer Care program manager **in advance** when this week will be to insure accurate account balances. **NO CREDIT WILL BE GIVEN FOR UNUSED SUMMER VACATION TIME.** The student may not attend on any day of the week that you selected as his/her vacation week.

PAST DUE ACCOUNTS, RETURNED CHECKS, TAX DOCUMENTS

1. Program participant(s) agree to pay any cost incurred by Trussville City Schools for the collection of past due balances or returned checks, including, but not limited to collection agency fees or attorney fees.
2. The Summer Care program **does not provide** annual statements for tax filing purpose. **PLEASE KEEP ALL YOUR RECEIPTS!!**

HOLIDAY AND INCLEMENT WEATHER

1. The Summer Care program will be closed on July 4th for Independence Day.
2. The Summer Care program will monitor any severe weather and will contact parents if the need to close the program arises.

GRIEVANCE PROCEDURES

Any problem regarding the Summer Care program should be discussed with the Summer Care program manager at the student's zoned location. Please find the managers contact information in the front of the Parent Handbook.

PICKING UP CHILDREN

Summer Care program requires you to sign your child out each day. A child **may only** be picked up by people who are designated on the "Emergency Information Form" by the parent/legal guardian. Please call, email, or send a note to let the Summer Care Program manager know that someone other than the parent/or listed person will pick up the student. Please be sure that the person who will pick up your student knows that he/she will be expected to have an ID so that we can be sure who is picking up your student. These conditions are made for protection of your child.

SPECIAL ACTIVITIES AND FIELD TRIPS

1. All students who are present must participate in field trips and outside activities. Expenses for these activities will be **in addition** to the regular tuition and will be included in the tuition payment.
2. A signed field trip permission form must be on file for each student to participate in any field trip.

3. A list of planned field trips will be sent home the first week of each month of the Summer Care Program so that you will know what is planned and what the cost will be for each field trip.
4. Bus rules will be reviewed with students before each field trip and students who cannot comply with these rules may receive a one day suspension on the next scheduled field trip.
5. **All field trips are scheduled in advance based on the number of students enrolled in the program. All field trip cost is added into the biweekly tuition regardless of your student(s) attendance. Please do not try and pay the day of a trip. If cash is needed you will receive notification prior to that event.**

SUMMER CARE PROGRAM EMPLOYEES AND DISCIPLINE

When dealing with a student who is having a problem with inappropriate behaviors, the Summer Care program employees will administer the discipline policy stated below consistently and fairly –with courtesy and dignity. Summer Care program employees may not use any form of corporal punishment, intimidating language, or actions.

INAPPROPRIATE BEHAVIOR

All students are expected to respond positively to program rules and Summer Care for “our” students. Students who have difficulty adapting to these expectations will be encouraged to do so or the following steps will be taken:

- 1st Offense: Parent/legal guardian will receive a First Notice Behavior Problem form to review with their student. Please sign and return to the Summer Care program manager.**
- 2nd Offense: Parent/legal guardian will receive a Second Notice Behavior Problem form and the student will be suspended from the Summer Care program for the following day.**
- 3rd Offense: Parent/legal guardian will receive a Third Notice Behavior Problem form and the student will be dismissed from the Summer Care program.**

**TRUSSVILLE CITY SCHOOLS
SUMMER CARE PROGRAM
PARENT HANDBOOK**

I have read and understand the Summer Care Parent Handbook.

Parent's Signature

Date

Please list your student(s) who will attend the Summer Care program: (please print)

Student(s) Name

Grade

**Please return the signed
signature page to the Summer
Care Program Manager.**

TRUSSVILLE CITY SCHOOLS
SUMMER CARE PROGRAM
TUITION CONTRACT

This agreement is made on ____/____/____ between Trussville City Schools Summer Care Program and the Parent/Legal Guardian, _____, of
(Parent/Guardian Name)

_____ who resides at the following address:
(Student Name)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

1. Parent's initial _____
I understand that my student(s) will not be enrolled into the Summer Care program until all registration paperwork has been received. I must do a registration packet for each student I would like enrolled in the Summer Care program.

2. Parent's initial _____
I agree to pay tuition on a bi-weekly basis. I understand that field trip cost is added into the tuition amount, and that I am responsible for all field trip cost regardless of my student's attendance on those days. I understand that I will be given a receipt for all fees paid, and that I **must keep** each receipt for tax purposes. The Summer Care program **does not** provide annual statements.

3. Parent's initial _____
I agree to pay a non-refundable registration fee of \$45.00 per family for my student(s) enrolled in the program. I understand that the registration fee is due when the registration packet is turned in or my child will not be considered enrolled.

4. Parent's initial _____
I do not expect Summer Care program to provide medical insurance for my student(s) nor will I hold the Summer Care program, agents or staff liable for injuries which may occur in the normal provision of child care. I will provide my own medical insurance and I will provide the Summer Care program with a copy of my student(s) current insurance card.

5. Parent's initial _____
I understand and accept that my student(s) may be dropped from the program if he/she cannot follow the rules or becomes a risk to himself/herself, other children, and/or staff.

6. Parent's initial _____

I also understand and accept that my student(s) may be dropped from the program if I am chronically late picking him/her up (no later than 6:00 pm) or do not make tuition payment on time.

7. Parent's initial _____

Please make checks payable to Trussville City Schools (TCS) and make sure to include your telephone number and student(s) name.

I have read and agree to the above policies, procedures, and rules.

Parent's Signature

Date

Children Enrolled in the Summer Care program:

Name	Grade	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TRUSSVILLE CITY SCHOOLS
SUMMER CARE PROGRAM
VITAL INFORMATION CARD**

S T U D E N T	Legal Name (Last, First, MI)	Sex	Race	Whom to call, in an emergency, when the parents cannot be reached: Name _____ Relationship _____ Address _____ Telephone (C) _____ (W) _____	
		Birthdate (M/D/Y)			
		/ /			
M O T H E R	Name	Home Street Address			City, State, Zip
	Employed By:				
		Home Phone	Cell Phone	Work Phone	
F A T H E R	Name	Home Street Address			City, State, Zip
	Employed By:				
		Home Phone	Cell Phone	Work Phone	
Student Lives With :		Physician Name & Number:			

Insurance Information

As the parent or guardian, I understand that the Trussville Summer Care Program, as part of the Trussville City School System, does not provide insurance coverage on my child and cannot therefore be held responsible for medical costs resulting from injuries incurred during participation in this program. **I understand that I must have my own medical/health insurance to participate in the Summer Care Program and provide a copy of my current insurance card.**

_____	_____	_____
Policy Holder	Name of Carrier	Policy Number

Medical Release (to be completed by parent/guardian)

I, _____, being the parent/guardian of _____, give permission for school personnel, if I cannot be reached in case of medical emergency, to proceed as follows:

- [] Call Emergency Personal [] Call family physician [] Take child to any licensed physician, hospital, or clinic;
 [] Other desired procedures: _____

Signature of Parent/Guardian _____ Date _____

List allergies: _____

List medications _____

Parent's Initials _____

I release the Trussville City Schools Summer Care Program, its agents and employees from any and all damages or injuries that may be incurred during the Summer Care Program. Parent's Initials _____

I certify that the information I have provided herein is accurate.

Parent/Guardian Signature _____ Date _____

**TRUSSVILLE CITY SCHOOLS
SUMMER CARE PROGRAM
EMERGENCY INFORMATION**

Child's Name _____ Preferred Name _____

Date of Birth _____ Present Age _____ Sex _____ (H) Phone _____

Child's Grade _____ Email Address _____
(For Upcoming School Year)

Address _____

Mother: Name _____ Occupation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father: Name _____ Occupation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Doctor's name & phone number _____

Nearest relative or neighbor to contact if parents cannot be reached:

Name _____ (C) Phone _____ (W) Phone _____

Name _____ (C) Phone _____ (W) Phone _____

Allergies _____ Fears _____

List any and all health problems _____

List any and all medications _____

Relate any information which you think would be of help to the staff. _____

Persons authorized to pick up student (other than parent/legal guardian). Student can only be picked up by the persons listed below, and said person(s) must have a photo id:

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____