

**PARENT HANDBOOK FOR
TRUSSVILLE CITY SCHOOLS
AFTER SCHOOL CARE PROGRAM**

**COORDINATOR OF PROGRAM
HAL RIDDLE**

AFTER SCHOOL CARE PROGRAM MANAGERS

**CAHABA ELEMENTARY:
SHARON SMITH**

**MAGNOLIA ELEMENTARY:
BELINDA PROSSER**

Board Approved

APR 22 2019

**PAINE ELEMENTARY:
BETH MARTIN**

Dr. Pattie Neill



TRUSSVILLE CITY SCHOOLS
AFTER SCHOOL CARE PROGRAM
PARENT HANDBOOK

Program Managers:

Cahaba Elementary: Sharon Smith (205) 228-3488
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Magnolia Elementary: Belinda Prosser (205) 288-3596
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Paine Elementary: Beth Martin (205)228-3276
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Program Supervisor:

Hal Riddle (205) 228-3032

INTRODUCTION

The After School 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 After School Care Program begins immediately following the dismissal of the school day until 6:00 pm.

ENROLLMENT REQUIREMENTS

1. Only students who are K5-5th grade (K5 students must be potty trained) who attend Paine, Cahaba, or Magnolia Elementary will be accepted into the After School Care Program.
2. Only students whose parents/legal guardians have completed the following registration requirements will be considered for acceptance into the After School Care Program:

- Emergency Information Form
- Parent Handbook Signature Page
- Tuition Contract
- \$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 AFTER SCHOOL CARE PROGRAM UNTIL ALL DOCUMENTS ARE COMPLETED.

3. When a student with special needs is applying, the parent/legal guardian will first contact the Director of After School Care at the student's zoned school in order to discuss appropriate care for the student.
4. When the After School 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 After School 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

9 Monthly payments \$ 170.00 per month for the 1st Student

\$ 150.00 per month for additional student(s)

Late Fee: \$5.00 per day starting after the 15th of the month until tuition is paid. Failure to make payment (including late fees) for two (2) consecutive months may result in your student(s) being dismissed from the program. All late fees must be added into the tuition check.

Late Pickup Penalty: A \$1.00 per minute per student penalty will be added after 6:00. The late pickup penalty must 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.

PAST DUE ACCOUNTS, RETURNED CHECKS, TAX DOCUMENTS

1. Program participants 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 After School Care program **does not provide** annual receipts for tax filing purpose. **PLEASE KEEP ALL YOUR RECEIPTS!!**
3. The After School Care program will provide the Tax ID number.

HOLIDAY AND INCLEMENT WEATHER

1. The After School Care program follows the Trussville City Schools school calendar and will be closed any days that Trussville City Schools are closed.

2. If Trussville City Schools cancel school or close early due to inclement weather the After School Care program will also be closed for that day.

GRIEVANCE PROCEDURES

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

PICKING UP CHILDREN

After School Care 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 After School Care 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. These conditions are made for protection of your child.

AFTERSCHOOL EMPLOYEES AND DISCIPLINE

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

INAPPROPRIATE BEHAVIOR

All students are expected to respond positively to program rules and After School Care employees' direction in order to provide an orderly, safe and enjoyable environment 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, sign and return to the After School Care manager.**
- 2nd Offense: Parent/legal guardian will receive a Second Notice Behavior Problem form and the student will be suspended from the After School Care program for the following day after receiving the Second Notice.**
- 3rd Offense: Parent/legal guardian will receive a Third Notice Behavior problem form and the Student will be dismissed from the After School Care program.**

**TRUSSVILLE CITY SCHOOLS
AFTER SCHOOL CARE PROGRAM
PARENT HANDBOOK**

I have read and understand the After School Care parent handbook.

Parent's Signature

Date

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

Student(s) Name

Grade (upcoming year)

**Please return the signed signature
page to the After School Care
Manager.**

**TRUSSVILLE CITY SCHOOLS
AFTER SCHOOL 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 _____

TRUSSVILLE CITY SCHOOLS
AFTER SCHOOL CARE PROGRAM
TUITION CONTRACT

This agreement is made on ____ / ____ / ____ between Trussville City Schools After School Care Program and the Parent/Legal Guardian, _____, of _____ who resides at the following address:

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 After School Care program until all registration paperwork has been received. I must do a registration packet for each student I would like enrolled in the After School Care program.

2. Parent's initial _____
I agree to pay tuition in advance by the 15th day of each month. I agree to pay a \$5.00 a day late fee if my tuition is not received on time. I understand that I will be given receipt for all fees paid, and that I **must keep** each receipt for tax purposes. The After School Care program **does not** provide annual receipts. Late fees must be added into the monthly tuition check. Failure to make tuition payment (including late fees) after 2 consecutive months may result in my student being dismissed from the program.

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 each school year at the time of registration and my child is not considered enrolled until the fee is received.

4. Parent's initial _____
I do not expect After School Care program to provide medical insurance for my student(s) nor will I hold the After School 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 After School 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) three (3) consecutive months. I also understand that there is late fee of \$1.00 per minute per student starting at 6:00pm.

7. Parent's initial _____

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

I have read and agree to the above policies, procedures, and rules. Until these policies are changed, I accept them as they are and agree to abide by them.

Parent's Signature

Date

Children Enrolled in the After School Care program:

Name	Grade (upcoming)	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TRUSSVILLE CITY SCHOOLS
AFTER SCHOOL 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 _____
		Birthdate (M/D/Y)		Address _____
		/ /		Telephone (C) _____ (W) _____
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 After School 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 After School 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 After School Care Program, its agents and employees from any and all damages or injuries that may be incurred during the After School Care Program. Parent's Initials _____

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

Parent/Guardian Signature _____ Date _____