



Aftercare Sign-Up Packet

3 year old – 6<sup>th</sup> grade

# Aftercare Policies and Procedures

Aftercare is offered for ages 3 year old through 6<sup>th</sup> grade from 3:15-5:30 each day for an additional fee. Aftercare must be reserved in advance at the beginning of the school year. Days reserved will be billed monthly whether used or not. The reserved days will be billed at a flat monthly rate based on the chart found below and in the Financial Agreement. **IF you have a last minute need for aftercare, you MUST call before 2:30 p.m. and secure a spot (if available).** These days will be billed at \$5 per day.

1 day per week	2 days per week	3 days per week	4 days per week	5 days per week
\$20	\$30	\$40	\$55	\$65

## SNACKS

If your child is in the after-care program, an after-school snack and drink MUST be provided.

## HOMEWORK

The after-care provider can help with homework if there are a low number of students in after-care. However, it is not the responsibility of the after-care provider and not possible if there are high numbers of children staying in after-care.

## MEDICATION

No medication will be given by Extended Care Staff.

## EARLY DISMISSAL

If school is dismissed early for any reason, there will **NOT** be aftercare.

## LATE PICK UP

The teachers who facilitate the aftercare program are scheduled and paid to work until 5:30 and not later. Most days the teachers have other, scheduled commitments and responsibilities that they must attend to when their day is completed at MHCA. Therefore, while we understand that emergencies may surface beyond one's control, their time must be considered and respected. For families picking up their child(ren) later than 5:30 **there is a fee of \$3.00 per child, per 5 minute increment after 5:30.** (1-5 min/\$3 per child; 6-10 min/\$6 per child; etc.)

Students are to be ready and parents/ guardians are to arrive just **prior** to 5:30, allowing enough time to depart the school premises no later than 5:30. This will allow the teachers to leave on time and arrive at any appointments they may have.

# MOUNTAIN HOME CHRISTIAN ACADEMY

## AFTERCARE

### SIGN-UP FORM

#### **Regular Students**

Students enrolled in Aftercare on a permanent basis (1-5 days a week).

#### **Drop-In Students**

Students that use Aftercare on an occasional basis, as space permits

Student's name \_\_\_\_\_

**Drop In or Regular?** Circle One: Regular Drop-In

Name of person responsible for payment \_\_\_\_\_

Billing Address \_\_\_\_\_

Telephone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Indicate all days of the week this student will be in Aftercare:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Mountain Home Christian Academy  
Aftercare Student's Personal Data Sheet

1. Name \_\_\_\_\_ DOB \_\_\_\_\_  
Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_  
Home address \_\_\_\_\_ Home phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father's employer \_\_\_\_\_ Work phone \_\_\_\_\_ Work hours \_\_\_\_\_  
Mother's employer \_\_\_\_\_ Work phone \_\_\_\_\_ Work hours \_\_\_\_\_  
Date enrolled in school \_\_\_\_\_ Grade entering \_\_\_\_\_

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2. Emergency Contact Information **ONLY PERSONS LISTED WILL BE ALLOWED TO TAKE CHILD FROM THE ACADEMY**

1. Name of person to call if parents cannot be reached \_\_\_\_\_  
Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Is this person authorized to take the child from the school? \_\_\_\_\_

**LIST ALL OTHER ADULTS WHO ARE AUTHORIZED TO TAKE THE CHILD FROM THE SCHOOL: WILL BE CONTACTED IN ORDER GIVEN**

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone # \_\_\_\_\_  
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone # \_\_\_\_\_  
4. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone # \_\_\_\_\_

3. **MEDICAL INFORMATION**

Child's Physician or emergency treatment facility \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
I, \_\_\_\_\_ Father, Mother, Guardian of \_\_\_\_\_

do hereby give my consent to the Director of the Aftercare program or their duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Mountain Home Christian Academy  
Aftercare  
**Discipline Policy Aftercare ONLY**

Minimum Licensing Requirements for Child Care Facilities

Mountain Home Christian Academy uses the following methods of discipline:  
Christian discipline is love. We expect the following characteristics in our students: Cheerful obedience, cooperation with others, courtesy and respect for others, truthfulness and honesty, and respect for property that belongs to others. When these characteristics are missing, the following actions will be taken: Removing the child from the group, loss of privileges, parents called, parent-teacher conference, and the final step would be removal from aftercare program. Our goal is to help children prepare for future success in school by learning self-control and discipline.

**I have read and understand the discipline policy of the aftercare facility. I give my permission for the center to use all methods set out above.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If the parent(s) disagree with any disciplinary method above, please list the method preferred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE NOTE: Physical punishment shall not be administered to children.**

(State Minimum Licensing Requirements for Child Care Centers 500.2)