



North Andrew School District R-VI



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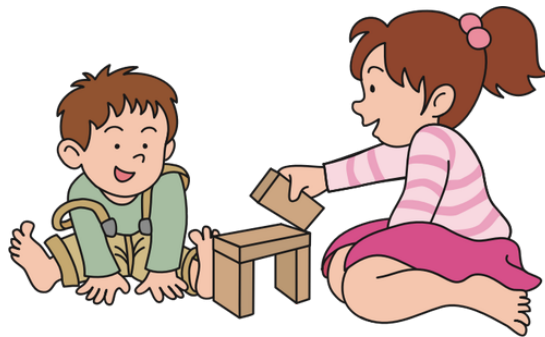
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**NORTH ANDREW
SCHOOL DISTRICT'S
AFTER SCHOOL
CHILD CARE PROGRAM**



Striving for Excellence

Mission

The mission of the North Andrew School District's After School Child Care Program (ASCC) is to work with the community and families to provide out-of-school care in a safe, nurturing environment and to plan interesting, developmentally appropriate activities that challenge children to grow physically, socially, emotionally, and intellectually.

Philosophy

The ASCC program is designed to meet the out-of-school developmental needs of children and youth in grades Kindergarten through Fifth Grade. It provides experiences that enrich and enhance each child's cognitive, social-emotional, physical, and language development. Within the ASCC program's daily schedule each child will have the opportunity to create, explore the environment, investigate through problem solving and personal interaction skills, and learn through hands-on experiences. Opportunities for solitary activities, as well as group activities will be available. The ASCC staff serves as positive role models and provides care that is personal, nurturing, warm, and responsive to all children. We respect children and families and will do our best to involve families in our program. The program is based on the following beliefs:

The children of the North Andrew School District need and deserve:

- A safe place to be when school is out and their families are at work.
- Access to a wide variety of activities and the opportunity to build relationship with their peers.
- Caring adults who are interested in them.
- The opportunity to pursue interests and learn new skills.
- The opportunity to participate in developmentally appropriate activities that do not replicate the regular school day.

Children Served

Children who are in grades Kindergarten-Fifth Grade at North Andrew School will have access to this program. Space is limited in this program. Staff / child ratio will be kept low so that adequate care will be provided. Students who do not take advantage of the program on a regular basis may be turned away if numbers become too large. Students who are not pre-enrolled for the program will not be able to stay unless arrangements are made in the school office in advance.

Days and Hours of Operation

The program runs from 3:10 P.M. to 5:40 P.M. each evening after school. If there is an early dismissal for any reason there will not be childcare. Childcare is not provided on days there is no school, nor is there childcare provided on half-days of school, including Homecoming. Picking up children on time is very important and should be a priority. Any child who is picked up after 5:40 P.M. will be charged for \$5.00 for the first ten minutes and \$1.00 a minute for every minute after. Children who are picked up late more than three times will be removed from the program.

Enrollment

The parents or guardians must complete the proper paperwork before the child is allowed to stay for the ASCC program. The following forms must be filled out and are included in the back of this document:

1. ASCC Registration Agreement
2. ASCC Enrollment Form
3. Waiver Authorization
4. Medical Treatment / Transportation Authorization

Payment Schedule:

The program is at a small cost to the parents of the students who take part. The cost is \$6.00 per child per day. The payment will be made every two weeks to the childcare provider. Any child who has not made payment for six weeks will not be allowed to take part in the ASCC program until appropriate payment is made. Receipts will be issued at the time of the payment.

Daily Schedule

An example of the schedule for the ASCC program follows:

| Time: | Activity: |
|-------|---|
| 3:10 | Children arrive from regular school day |
| 3:15 | Homework/Centers/Quiet Play |
| 3:30 | Snacks |
| 3:55 | Free play (outside or in gym) |
| 4:25 | Group activity |
| 5:15 | Clean up area & quiet play |

The ASCC program coordinator will develop an exact schedule.

Behavior Plan

Every child is expected to behave according to the regulations set forth in the North Andrew School Student and Parent Handbook. The ASCC program provider will provide positive guidance for children using the following strategies:

- Establish limits that are reasonable and fair
- Be consistent in responses to behaviors
- Redirect negative behavior into more constructive behavior
- Remove the child from the group for a short period and help the child rejoin the group when appropriate
- Help the child think of other ways the situation might have been handled

The children must follow the ASCC provider's guidelines and rules. If the child does not, possible consequences will be:

- Verbal warning
- Removal from activity
- Notifying parents of inappropriate behavior and consequences orally
- Notifying parents of inappropriate behavior and consequences in written format (using discipline form in the North Andrew School Handbook)
- Conferencing with Administration
- Removal from the ASCC program (for a limited time or for the rest of the year) Reasons for removal from the program are: physical fighting or other dangerous behavior and referral to administration three times or more in one quarter from the ASCC coordinator)

North Andrew Elementary After School Child Care Agreement

1. I understand that I am committing myself and my child(ren) to participation in the ASCC program for the entire school year, unless I inform the staff of an unforeseen event that makes withdrawal necessary.
2. I understand that I am responsible for payment every two weeks. Checks will be made out to the North Andrew ASCC program and given to the childcare provider.
3. I understand that my child WILL NOT BE RELEASED to any person(s) not listed on the application form, unless written request is received from the parent or guardian prior to pick-up time. I will show picture ID and will so advise others who are authorized to pick up my children until such time as the ASCC provider knows us by sight.
4. I WILL SIGN MY CHILD OUT EVERY DAY. I understand that my child is required to report directly to the ASCC provider after school.
5. I understand that if bad weather or other circumstances forces early dismissal of school, my child will be sent to another destination. My child knows where to go.
6. I understand that if my child is having problems in the program, the ASCC provider will schedule a conference with me or with administration of the school to discuss it. I further understand that the ASCC program reserves the right to terminate ASCC care, if my child's placement is determined to be unsatisfactory.
7. I have read this document as well as the North Andrew School Parent & Student Handbook. I agree to abide by the policies and procedures contained in it.

Student's Name: _____

Parent / Guardian Signature: _____

Date: _____

North Andrew School
After School Child Care Program
Medical Emergency Treatment/Transportation Authorization

In the event that (child's name) _____, becomes ill, is injured, and/or needs medical attention for any reason, and we cannot be contacted, this authorization serves as our request and authority for ASCC personnel to call an ambulance service for conveying our child to the doctor, hospital, or medical facility. We further authorize that any and all medical treatment needed be provided for our child.

We request that the ASCC personnel use the medical / health information on the North Andrew School Health Inventory and Registration form for use in the ASCC program, if needed.

We fully understand that we will be responsible for all costs of ambulance service, and any and all medical care and treatment provided.

Parent / Guardian Signature: _____

Date: _____

North ANDREW After School Child Care Program Enrollment

Name of child: _____

Gender: _____ Age/Date of Birth: _____ Grade: _____

Teacher: _____

Home Address: _____

Home or Cell Phone #: _____

Mother's Name: _____

Place of Employment: _____

Phone # for contact during ASCC: _____

Father's Name: _____

Place of Employment: _____

Phone # for contact during ASCC: _____

Child's Doctor's Name: _____

Address: _____

Phone #: _____

Please list any health concerns or allergies:

Please list at least two persons to be notified, in case of emergency, when parent or guardian cannot be reached:

Name and Relationship to Child

Phone#:

- 1.
- 2.

When will your child attend the ASCC Program? Please check all that apply.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please list all persons and phone numbers of persons who are authorized to pick up your child. Remember that permission to take your child will be denied to anyone not on the list.

Remember to tell each one to be ready to show picture ID to ASCC provider until acquaintance is established.

No one will be allowed to pick up your child unless he/she is on this list.

Please use the space below to share any information about your child's particular interests or any skills and resources that you, as a family, would like to share with the ASCC program.