

# **BOARDMAN LOCAL SCHOOLS K-6 BEFORE & AFTER SCHOOL PROGRAM**

**Center Intermediate School (330) 726-3400**

**Robinwood Lane School (330) 782-3164**

**West Boulevard (330) 726-3427**

**Stadium Drive (330) 726-3428**

**Elementary Before School 6:30 am - 8:00 am**

**Elementary After School 2:10 pm - 6:00 pm**

**Center Intermediate Before Care 6:30 am - 8:30 am**

**Center Intermediate After School 3:30 pm - 6:00 pm**

**ALL PAPERWORK MUST BE COMPLETED BEFORE YOUR CHILD CAN BE  
ADMITTED INTO THE BEFORE OR AFTER CARE PROGRAM**

**THERE WILL BE NO BEFORE CARE IN THE EVENT OF A  
2- HOUR DELAY**

## **FEES**

**\*\*\*\*PAYMENT IS DUE WEEKLY\*\*\*\***

**SCHEDULES & FEES ARE SUBJECT TO CHANGE**

### **BEFORE CARE SESSION**

*\$5.00 /hour first child in family*

*\$2.00 / hour second child in family*

*\$1.50 / hour third child in family*

### **AFTER CARE SESSION**

*\$5.00 /hour first child in family*

*\$4.50 / hour second child in family*

*\$4.00 / hour third child in family*

## **SNACKS**

**PLEASE SEND A SNACK FOR YOUR CHILD DAILY  
THE AFTER SCHOOL PROGRAM NO LONGER PROVIDES SNACKS.**

## **ENROLLMENT**

- Submit and complete and sign all registration forms
- Please complete contact sheet information before coming to program
- Your child may not attend the After School Program until the necessary paperwork is completed and on file.

## **FEES & PAYMENTS**

Please Make Checks Payable to **Boardman Local Schools**

**Payments are due weekly. If payment is not received after two weeks, your child may be unable to attend the program until accounts are paid in full.**

## **SCHEDULES**

Payments are due on the Monday of each week your child will be attending the program along with his or her schedule for the week. Parents will receive a new schedule sheet weekly along with their receipt of payment. You can find these schedule sheets online, as well. Please fill out this sheet and return on the Monday of each week that your child will be attending the program.

## **REMIND/ Contacting Before Care & After Care**

A REMIND has been set up for each Elementary School in order for there to be communication between parents and staff. The supervisor for your school will invite you to join REMIND via phone. Once you accept, you and your supervisor will be able to communicate directly regarding any correspondence for your child.

## **CENTER INTERMEDIATE SCHOOL**

Center Intermediate School has a phone where you can contact the supervisor or child if need be during before and after school hours. That number is **(330) 259-3323**.

## **MEDICATIONS**

DEAR PARENTS / GUARDIANS,

IF YOUR CHILD REQUIRES A RESCUE INHALER OR EPIPEN FOR AFTER CARE, YOU MUST PROVIDE IT SEPARATELY TO THE AFTER SCHOOL STAFF. THE AFTER SCHOOL STAFF IS NOT PERMITTED TO GET THE CHILD'S MEDICATION FROM THE CLINIC. ONCE THE NURSE LEAVES, WE DO NOT HAVE ACCESS TO THE MEDICATION.

YOU MUST ALSO PROVIDE THE ORDER FROM THE CHILD'S DOCTOR SO THAT WE WILL BE ABLE TO ADMINISTER THE MEDICATION TO THE CHILD.

ALL PAPERWORK AND MEDICATION MUST BE GIVEN TO US SO THE CHILD CAN ATTEND THE PROGRAM.

THANK YOU FOR YOUR UNDERSTANDING IN THIS MATTER.

JEANNE SILVESTRI

## **MEDICATIONS**

The only medication that can be administered during aftercare is an EpiPen and rescue inhaler **ONLY IN AN EMERGENCY**. The appropriate doctor order, and prescription in the original packaging from the pharmacy for the EpiPen and inhaler, must be provided to us before the child can participate in the program. **NO OTHER MEDICATION CAN BE ADMINISTERED IN AFTER CARE.**

## **DAILY RELEASE OF CHILDREN**

Students will be released to their parents or guardians. Any exceptions to this policy require **written Instructions** from the parent or guardian to the teacher. Please call the school your child attends to report any change in their pick-up schedule or persons picking up the child. Parents and or guardians will be required to sign out the child each day listing the name of the person picking up and time of day the child was released. **A valid license will be required for everyone on the contact sheet picking up any child at the before and after care programs. If a person's name is NOT on the contact list, the child will not be released to them.**

## **BEHAVIORAL EXPECTATIONS PLEASE READ CAREFULLY.**

- Boardman Local Schools Code Of Conduct applies to all students enrolled in the before and after school program. **NO PHONES OR OTHER ELECTRONIC DEVICES WILL BE PERMITTED.**
- **If a child poses a threat, whether verbal or physical, or is disrespectful to fellow students or staff, and receives two documented incidents signed by staff and their parent/guardian, he or she will be suspended from the program for a total of 7 school days.**
- **IF A CHILD REPEATEDLY DEMONSTRATES INAPPROPRIATE BEHAVIOR INCLUDING PHYSICAL OR VERBAL ABUSE OR IS IMPOSING A SERIOUS OR RECURRING DISCIPLINE PROBLEM DURING THE BOARDMAN CHILD CARE PROGRAM, THE CHILD WILL BE REMOVED FROM THE PROGRAM IN ADDITION TO RECEIVING THE APPROPRIATE DISCIPLINARY REPERCUSSION.**

Dear Parents:

**PLEASE FILL OUT AND RETURN**

Please list three names of family or friends below that we may contact in the event that your child becomes ill or hurt during Before School or Afterschool programs, and we are unable to contact you.

Also, I would appreciate two additional names other than parents that are authorized to pick up your child. **Please note that anyone picking up your child, other than the parents, must show proper identification and must be listed on the contact sheet in order for your child to be released from the program.**

Sincerely,

Jeanne Silvestri  
After School Coordinator

Child's Name \_\_\_\_\_

Parent /Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

**KNOWN ALLERGIES/ MEDICAL CONDITIONS** \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Homeroom # \_\_\_\_\_ Bus # \_\_\_\_\_

I authorize the people listed below to pick up my child from the Before School/After School Program

Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Name \_\_\_\_\_ Cell Number \_\_\_\_\_



**PLEASE FILL OUT AND RETURN**

**Boardman Local School District**  
**Before School Weekly Schedule**

**Child's Name:** \_\_\_\_\_ **Week of:** \_\_\_\_\_  
Home Room \_\_\_\_\_ Bus # \_\_\_\_\_ Grade Level \_\_\_\_\_

Please complete the weekly schedule below:

**Before School Hours:** Circle the days your child will be attending.

**Monday**                      **Tuesday**                      **Wednesday**                      **Thursday**                      **Friday**  
\_\_\_\_\_

\*\* \$5.00 per hour for 1st child  
\$2.00 per hour for 2nd child  
\$1.50 per hour for 3rd child

Total hours X Hourly rate      Total  
\_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
**\*\* Minimum charge per day is \$5.00 per day**

**Parent Signature** \_\_\_\_\_.

**Boardman Local School District**  
**After School Weekly Schedule**

**Child's Name:** \_\_\_\_\_ **Week of:** \_\_\_\_\_  
Home Room \_\_\_\_\_ Bus # \_\_\_\_\_ Grade Level \_\_\_\_\_

Please complete the weekly schedule below:

**After School Hours:** Circle the days your child will be attending & enter an approximate pick up time.

**Monday**                      **Tuesday**                      **Wednesday**                      **Thursday**                      **Friday**  
\_\_\_\_\_

**PLEASE SUPPLY SNACK FOR YOUR CHILD**

\*\* \$5.00 per hour for 1st child  
\$4.50 per hour for 2nd child  
\$4.00 per hour for 3rd child

Total hours X Hourly rate      Total  
\_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
**\*\* Minimum charge per day is \$5.00 per day**

**Parent Signature:** \_\_\_\_\_.

# **BOARDMAN LOCAL SCHOOLS K-6 BEFORE & AFTER CARE SCHOOL PROGRAM**

## **CENTER INTERMEDIATE BEFORE CARE**

\*JEANNE SILVESTRI  
SHARI YUHAS

## **CENTER INTERMEDIATE AFTER CARE**

\*CRYSTAL MOORE  
\*MOLLY LLOYD

**BEFORE & AFTER SCHOOL # (330)-259-3323**

## **WEST BOULEVARD BEFORE CARE**

\*COLLEEN HARDIE

## **WEST BOULEVARD AFTER CARE**

\*JEANNE SILVESTRI  
\*COLLEEN HARDIE  
SHARI YUHAS

## **STADIUM DRIVE BEFORE CARE**

LISA FARR

## **STADIUM DRIVE AFTER CARE**

\*BECKY CANTANZRITI  
\*LISA FARR

## **ROBINWOOD LANE ELEMENTARY**

\*JOANNE GARDNER  
JANIE TOREK

When you are using Remind please contact the people with the \* and if two are marked, please choose both and send your message.

**When choosing 2 recipients for your message, please hit the blue pen in the bottom right corner of the screen, choose conversation, hit the search icon at top of screen and choose recipients. Hit next and type a message and send. Once you choose the two people to talk to it will be in there to choose as a group again. Thank you**



**BOARDMAN ELEMENTARY SCHOOLS AFTER CARE FEE SHEET**

<b>TIME</b>	<b>1 CHILD</b>	<b>2 CHILDREN</b>	<b>3 CHILDREN</b>
<b>2:15 - 3:15</b>	\$5.00	\$9.50	\$13.50
<b>2:15 - 3:30</b>	\$6.25	\$12.00	\$17.00
<b>2:15 - 3:45</b>	\$7.50	\$14.25	\$20.25
<b>2:15 - 4:00</b>	\$8.75	\$16.75	\$23.75
<b>2:15 - 4:15</b>	\$10.00	\$19.00	\$27.00
<b>2:15 - 4:30</b>	\$11.25	\$21.50	\$30.50
<b>2:15 - 4:45</b>	\$12.50	\$23.75	\$34.00
<b>2:15 - 5:00</b>	\$13.75	\$26.25	\$37.25
<b>2:15 - 5:15</b>	\$15.00	\$28.50	\$40.50
<b>2:15 - 5:30</b>	\$16.25	\$31.00	\$44.00
<b>2:15 - 5:45</b>	\$17.50	\$33.50	\$47.50
<b>2:15 - 6:00</b>	\$18.75	\$35.75	\$51.00

### CENTER AFTER CARE FEES

	1 CHILD		2 CHILDREN		3 CHILDREN
<b>3:30-4:30</b>	<b>\$5.00</b>	\$4.50	<b>\$9.50</b>	\$4.00	<b>\$13.50</b>
<b>3:30-4:45</b>	<b>\$6.25</b>	\$5.75	<b>\$12.00</b>	\$5.00	<b>\$17.00</b>
<b>3:30-5:00</b>	<b>\$7.50</b>	\$6.75	<b>\$14.25</b>	\$6.00	<b>\$20.25</b>
<b>3:30-5:15</b>	<b>\$8.75</b>	\$8.00	<b>\$16.75</b>	\$7.00	<b>\$23.75</b>
<b>3:30-5:30</b>	<b>\$10.00</b>	\$9.00	<b>\$19.00</b>	\$8.00	<b>\$27.00</b>
<b>3:30-5:45</b>	<b>\$11.25</b>	\$10.25	<b>\$21.50</b>	\$9.00	<b>\$30.50</b>
<b>3:30-6:00</b>	<b>\$12.50</b>	\$11.25	<b>\$23.75</b>	\$10.25	<b>\$34.00</b>

### BCIS BEFORE CARE PRICES

TIME		1 CHILD	2 CHILDREN	3 CHILDREN
<b>6:30 - 8:30</b>		\$10.00	\$14.00	\$17.00
<b>6:45 - 8:30</b>		\$8.75	\$12.25	\$14.50
<b>7:00 - 8:30</b>		\$7.50	\$8.00	\$12.50
<b>7:15 - 8:30</b>		\$6.25	\$8.75	\$10.50
<b>7:30 - 8:30</b>		\$5.00	\$7.00	\$8.50

### ELEMENTARY BEFORE CARE PRICES

TIME		1 CHILD	2 CHILDREN	3 CHILDREN
<b>6:30 - 8:00</b>		\$6.25	\$8.25	\$9.75
<b>6:45 - 8:00</b>		\$5.00	\$7.00	\$8.50

