

BOARDMAN LOCAL SCHOOLS K-6
BEFORE & AFTER SCHOOL PROGRAM
2024 - 2025

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 -6:00 pm
BCIS Before School 6:30 - 8:30 am
BCIS After School 3:30 - 6:00 pm

FEES

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

******THERE WILL BE NO BEFORE CARE IF THERE IS A 2 HOUR DELAY*****

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*

- **ALL APPLICATIONS WILL BE REVIEWED AND ACCEPTED BASED ON THE CHILD:TEACHER RATIO AND THE SAFETY OF YOUR CHILD AND ALL CHILDREN ATTENDING THE BEFORE AND AFTER SCHOOL PROGRAM.**
- **ALL PAPERWORK MUST BE COMPLETED AND REVIEWED BEFORE YOUR CHILD CAN BE ADMITTED INTO THE BEFORE OR AFTER CARE PROGRAM**
- **WE MUST HAVE A WEEKLY SCHEDULE OR PAPERWORK EVERY WEEK FOR YOUR CHILD OR CHILDREN. IT IS YOUR RESPONSIBILITY TO PROVIDE US WITH THAT INFORMATION.**
- **ANY UNPAID BALANCE DUE WEEKLY WILL RESULT IN YOUR CHILD/CHILDREN NOT BEING ABLE TO ATTEND THE BEFORE OR AFTER CARE PROGRAM UNTIL THE BALANCE IS PAID IN FULL WEEKLY.**
- **PLEASE REMEMBER THAT YOU ARE RESPONSIBLE TO SEND A SNACK FOR YOUR CHILD/CHILDREN TO THE AFTER CARE PROGRAM**

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 your balance isn't paid weekly, your child will be unable to attend the program until accounts are paid in full.

SCHEDULES

Payments are due weekly if 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 BEFORE THE CHILD CAN ATTEND THE PROGRAM.

THANK YOU FOR YOUR UNDERSTANDING IN THIS MATTER.

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**

***ALL CHILDREN MUST BE POTTY TRAINED BEFORE ENROLLING IN THE PROGRAM. ANY CHILDREN USING PULL-UPS, TRAINING PANTS OR DIAPERS WILL NOT BE ACCEPTED.**

****** DEPENDING ON STAFFING AND COMPLIANCE ISSUES, CHILDREN WITH SPECIAL NEEDS OR BEHAVIORAL ISSUES WHO ARE IN A ROOM WITH AN AIDE AND WISH TO PARTICIPATE IN THE PROGRAM MUST HAVE AN AIDE WHO IS CERTIFIED AND TRAINED IN THOSE FIELDS TO ACCOMPANY THEM DURING THE PROGRAM.**

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 the child out 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.**

AFTER RETURNING TO THE PROGRAM , IF THE CHILD AGAIN DEMONSTRATES INAPPROPRIATE BEHAVIOR INCLUDING PHYSICAL OR VERBAL ABUSE OR IS IMPOSING A DISCIPLINARY PROBLEM DURING THE BOARDMAN CHILD CARE PROGRAM, **THE CHILD WILL BE REMOVED FROM THE BEFORE AND AFTER CARE PROGRAM.**

IF YOUR CHILD HAS BEEN RELEASED FROM BOARDMAN SCHOOLS OR ANOTHER BEFORE OR AFTERCARE PROGRAM DUE TO BEHAVIORAL OR FINANCIAL ISSUES, THEY WILL BE UNABLE TO ATTEND THE BOARDMAN BEFORE OR AFTERCARE PROGRAM. BALANCES MUST BE PAID WEEKLY.

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. **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 _____

Homeroom Teacher _____ Rm# _____ Bus# _____

Other siblings enrolled at Center Intermediate or another Boardman Elementary School using the the before or after program _____

KNOWN ALLERGIES / MEDICAL CONDITIONS _____

EPIPEN ___ YES ___ NO **RESCUE INHALER** ___ YES ___ NO

I GIVE PERMISSION TO THE AFTER CARE STAFF TO ADMINISTER MY CHILD'S EPIPEN / RESCUE INHALER TO THEM IF NEEDED. ALL MEDS MUST BE AT AFTER CARE BEFORE YOUR CHILD CAN ATTEND THE PROGRAM.

PREFERRED HOSPITAL _____ **Phone #** _____

SIGNATURE _____ **DATE** _____

Name _____ Cell # _____

Name _____ Cell # _____

Name _____ Cell # _____

THIS SHEET IS DUE WEEKLY

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
REMINDEE CONTACTS**

CENTER INTERMEDIATE BEFORE CARE

*JEANNE SILVESTRI
SHARI YUHAS

CENTER INTERMEDIATE AFTER CARE

* CHRISTINE BAGNOLI
CENTER BEFORE & AFTER SCHOOL LANDLINE # (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

*LISA FARR

ROBINWOOD LANE ELEMENTARY BEFORE / AFTERCARE

*JOANNE GARDNER

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

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

CENTER AFTER SCHOOL FEE SHEET					
TIME	1 CHILD	SECOND CHILD	2 CHILDREN	THIRD CHILD	3 CHILDREN
3:30-4:30	\$5.00	\$4.50	\$9.50	\$4.00	\$13.50
3:30-4:45	\$6.25	\$5.75	\$12.00	\$5.00	\$17.00
3:30-5:00	\$7.50	\$6.75	\$14.25	\$6.00	\$20.25
3:30-5:15	\$8.75	\$8.00	\$16.75	\$7.00	\$23.75
3:30-5:30	\$10.00	\$9.00	\$19.00	\$8.00	\$27.00
3:30-5:45	\$11.25	\$10.25	\$21.50	\$9.00	\$30.50
3:30-6:00	\$12.50	\$11.25	\$23.75	\$10.25	\$34.00
3:30-6:15	\$13.75	\$12.50	\$26.25	\$11.00	\$37.25
3:30-6:30	\$15.00	\$13.50	\$28.50	\$12.00	\$40.50

BCIS BEFORE CARE FEES			
TIME	1 CHILD	2 CHILDREN	3 CHILDREN
6:30 -8:30	\$10.00	\$14.00	\$17.00
6:45 - 8:30	\$8.75	\$12.25	\$14.50
7:00 - 8:30	\$7.50	\$8.00	\$12.50
7:15 - 8:30	\$6.25	\$8.75	\$10.50
7:30 - 8:30	\$5.00	\$7.00	\$8.50

ELEMENTARY BEFORE CARE FEES			
TIME	1 CHILD	2 CHILDREN	3 CHILDREN
6:30 -8:00	\$6.25	\$8.25	\$9.75
6:45 - 8:00	\$5.00	\$7.00	\$8.50