

Elementary After-School Programming

Curriculum Team

Rationale for Need

- ▶ Our application for 21st Century Funds was not funded by the state
- ▶ Other school entities are offering after-school care which creates a competitive edge
- ▶ Parents need an after-school component to deal with child care issues
- ▶ In the past, we have lost students due to the lack of after-school programming

Program Components

- ▶ After-School Hours
 - ▶ School dismissal until 5:30 pm, 5 days per week
- ▶ Program will consist of the following components:
 - ▶ Homework Help
 - ▶ Enrichment Activities
 - ▶ Physical Activities
 - ▶ Nutritious Snack
- ▶ Program will accommodate children enrolled in Kindergarten through 5th grade
 - ▶ Children must be an elementary student enrolled in Montgomery County Schools during the 2022-2023 school year and will attend their home school.

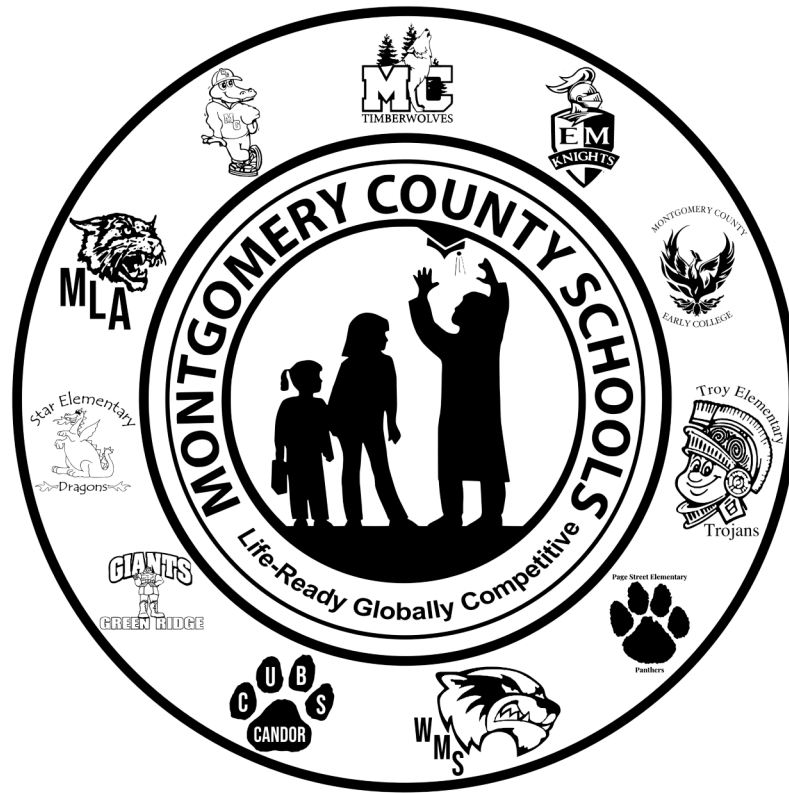
Fee Structure

- ▶ Full Time Participants:
 - ▶ Attends the program 4 to 5 days per week
 - ▶ Cost will be \$100.00 per month
- ▶ Part-Time Participants:
 - ▶ Attends the program 3 or less days per week
 - ▶ Cost will be \$65.00 per month
- ▶ Daily rate is less than other offerings within the county

Goals and Benefits

- ▶ To provide a child centered, and safe learning environment after the regular school day ends.
- ▶ To offer experiences that ensure children's learning of academic, personal and interpersonal skills essential to school success.
- ▶ Fills a void of afterschool care that is needed in the community/county.

Questions ?



MONTGOMERY COUNTY SCHOOLS AFTER-SCHOOL PROGRAM

2022 – 2023

Montgomery County Schools
441 Page Street
Troy, North Carolina 27371
910-576-6511



Our Mission

The school-age children in Montgomery County Schools will have the opportunity for a safe, nurturing environment after school that addresses the needs of the total child and the working parents/guardians of our community.

Contacts for information about the After School Program:

Candor Elementary School (910) 974-4582

Page Street Elementary School (910) 576-1307

Green Ridge Elementary School (910) 428-4196

Star Elementary School (910) 428-4333

Mt. Gilead Elementary School (910) 439-5411

Troy Elementary School (910) 576-3651

PROGRAM DESCRIPTION

1. A balance between self-directed center time and adult-guided activities
2. Opportunities for outdoor play (weather permitting) and indoor/outdoor gross motor skills
3. Homework time with assistance as needed

Each child will be provided with approximately 45 minutes each afternoon for academic work. Our philosophy is to establish a routine regarding homework time. If a child does not have homework, staff will encourage quiet activities such as reading, creative writing, and illustration during this time. Guidance will be provided to children who request it, but parents are encouraged to review assignments at home to remain aware of what children are studying and the progress they are making academically.

Registration - A child can enroll in the program at any time, provided there is an opening. – Parents/guardians may enroll a student by visiting the child's school to request an application and returning the completed documents to the after-school program staff at the school. Parents are required to meet with program staff personally before the child begins.

At registration, a parent/guardian will need:

1. Names and phone numbers of emergency contacts.
2. Names of each individual authorized to pick up a child.
3. Name and number of your private insurance policy or Medicaid, if applicable. Insurance is Required by MCS. If necessary, you may purchase school insurance at the school's office.
4. Name and phone numbers of the child's doctor, preferred hospital, and dentist.

A registration fee of \$10 is due with your application. Please make checks payable to your child's school. Always put your child's name, After School, and a working phone number on the check so we can properly credit your account.

Two types of enrollments are available for each student. Please give thoughtful consideration as to which enrollment you select. Part-time children may not attend more than 3 days per week. If your job requires a 4th or 5th day of care occasionally, then you should register your child as full time. Changes from full-time to part-time or vice-versa may be made only at the beginning of a month if the nature of your employment changes.

Regardless of which type you select, when you enroll, you are reserving the time, space, staff, and provisions for your child whether he/she attends or not. Credits cannot be provided when students are absent.

1. **Full Time:** Any child who attends 4-5 days per week should register as full-time. The fee for full-time, after-school care is \$100/month for each child.
2. **Part Time:** Any child who attends 3 days or less per week should register as part-time. The fee for part-time, after-school care is \$65.00/month for each child.
3. No drop-ins are permitted.
4. There is NO reduced rate in fees for additional children.

Please note, a minimum of 14 students will be needed to operate the program at each school. Transportation will not be provided by the school for the After School Program.

PROGRAM HOURS

After-School Care

School dismissal – 5:30 pm

After-School Program will be closed on the following dates:

Sept. 5, 2022

Dec. 16 – 30, 2022

Sept. 23, 2022

Jan. 16, 2023

Sept. 30, 2022

Jan. 23-24, 2023

Oct. 13, 2022

Feb. 3, 2023

Oct. 14, 2022

Mar. 9-10, 2023

Nov. 11, 2022

Apr. 7 – 14, 2023

Nov. 18, 2022

May 5, 2023

Nov. 23 – Nov. 25, 2022

May 29, 2023

REQUIREMENTS FOR ENROLLMENT IN THE AFTER-SCHOOL PROGRAM

1. Children must be an elementary student enrolled in Montgomery County Schools during the 2022-2023 school year.
2. Children must be potty trained. We do not have access to diaper changing facilities, nor the staff to release from the supervision of other children to accommodate diaper changing.
3. Children requiring medical services from a trained school nurse or professional through the school day will not have access to these services after-school and will be considered on an individual basis prior to enrollment.

Withdrawal from the After School Program - A child may be withdrawn at the end of a month. All requests to withdraw must be provided by the parent in writing. Request for withdrawal can be e-mailed to vance.thomas@montgomery.k12.nc.us or dropped off at your child's school.

TUITION AND FEES

Monthly Rates for 2022 – 2023 School Year

Full-time - \$100/month

Part-time - \$65/month

Registration Fee

\$10/child (one-time fee)

Late Pick-Up Fee

\$10 for every 5-minute increment (time begins at closing)

Morning care is not offered at any program.

Tuition is due on the 1st day of each month. If payment is not received by the 5th, a late fee of \$15 will be added to the account. If payment is not received by the 10th, the parent/guardian will receive a termination notice. A child cannot return to the After-School Program until payment or arrangements have been made.

Payments - Payments should be delivered personally to staff or to the school office and a receipt will be provided.

Dismissal - Program Hours: Dismissal until 5:30pm daily.

Calendar - Dates may change due to any changes in the district calendar.

PARENTS ARE REQUIRED TO SIGN THEIR CHILDREN OUT EACH DAY - Children will not be released to anyone other than their parents or guardians or individuals authorized on a child's application. Identification will be requested for anyone not recognized by the staff, even if he/she is listed on a child's application. If an emergency arises and a parent/guardian wishes to make special arrangements for picking up a child, a written note will need to be sent to program staff or the parent/guardian must call the school. ***If there are current legal documents regarding custody issues, please provide a copy to program staff.** Staff is required to release a child to his/her natural parent unless **legal** documentation is on file that addresses custody. We cannot deny a parent the right to pick up his/her child unless we have **legal** documents on site stating otherwise.

Fire Drills/ Tornado Drills/Lockdown-Safety Drills - Fire drills will be conducted once a month and instructions are provided and posted at each school. Tornado drills are held prior to and during the tornado season. Lockdown-Safety drills are conducted quarterly.

Playground Safety – All MCS school playgrounds meet or exceed safety standards recommended by the North Carolina Department of Public Instruction. Staff is trained to inspect equipment for safety and maintenance needs. Inspections are conducted monthly. The Division of Child Development recommends a different standard regarding depth of mulch on the playground. We are complying with the school standards and not the Division of Child Development standards.

ILLNESS AND MEDICATION

IF A CHILD HAS AN INHALER AND/OR EPI-PEN, THE AFTER-SCHOOL PROGRAM IS REQUIRED BY STATE POLICY THAT ONE BE ON SITE IF NEEDED.

For staff to administer medicine to your child, a permission form for administering medicine must be completed. Medication must be provided in the original container or prescription bottle. The child's name must be on the container. A doctor's note for all prescription and non-prescription medication is required. Please call our offices or the school if you have questions about this policy.

If a child becomes ill while in our care, the parent/guardian will be called to come and pick up the child. If symptoms indicate a child is becoming ill while in our care or if the child's condition changes after arrival at the school, the child will be separated from the other children, and the parent will be notified of the child's condition.

Children with any of the following conditions must be sent home:

- Temperature over 100 degrees
- Strep throat, until 24 hours after treatment has started
- Two or more episodes of vomiting
- A red eye with white or yellow eye discharge until 24 hours after treatment
- Scabies or lice
- Chicken pox or a rash suggestive of chicken pox
- Tuberculosis, until a health professional states the child is not infectious
- Impetigo, until 24 hours after treatment
- Pertussis, until 5 days after appropriate antibiotic treatment
- Hepatitis A virus infection, until one week after onset of illness or jaundice
- Sudden onset of diarrhea
- When a physician or other health professional issues a written order that the child must be separated from other children.

If a child is injured during play, the staff will administer first aid and call the parent/guardian. Staff will describe the injury to the parent/guardian. We are not medical doctors and will always give parents/guardians the opportunity to make a decision regarding whether a child should be picked up or stay in the After-School Program. Sunburn hurts. Please send a bottle of sunscreen with your child's name attached, and the staff will see that it is applied when needed. A medical permission form, signed by the parent is required for sunscreen.

DISCIPLINE PROCEDURES

All children attending the After-School Program are expected to follow rules set forth in the Montgomery County Schools Student Code of Conduct as well as rules specific to the school at which the child attends for the program.

Montgomery County Schools is not permitted to use:

Corporal punishment
Rough handling of students
Locked confinement of children

The basic discipline policy includes the following action steps:

1. Talking to the child about the problem
2. Removing the child from the group or area if needed
3. Limiting privileges
4. Initiating a period of time-out
5. Consulting with parent
6. Suspension from the After-School program

Behaviors that cause harm to another child or otherwise of a serious nature may result in direct suspension. A parent/guardian contacted about behavior problems is expected to cooperate with the staff to address and correct the child's inappropriate behavior. Children are expected to comply with all regular school rules and regulations.

A student will be suspended from the program if he/she has been counseled, parent has been involved, and his/her behavior continues to be unacceptable. Fees for the remainder of the period of suspension will not be refunded. The length of suspension will be determined by the program staff and school administration. If staff and school administration feel that a situation warrants, immediate suspension and/or dismissal can occur without warning to parents

Suspension from the After-School Program may occur for the following reasons:

- Serious or unresolved discipline problems
- Failure to pay monthly tuition by established deadlines
- Failure to properly register your child, and/or
- Repeated failure of parent/guardian to pick up student promptly at or before 5:30 p.m.

Healthy Snacks/Meals - Montgomery County Schools is committed to serving nutritious snacks to our children. Each snack served meets the guidelines prescribed by the Division of Child Development and the US Dept. of Agriculture to ensure our children are eating healthy.

Child Abuse and Neglect Policy - The law requires that school employees report suspected cases of child abuse and/or neglect to the proper authorities

Inclement Weather – No afterschool program will be open when **Montgomery County Schools is closed due to weather problems (usually snow or ice but may include other weather-related problems)**. **If school dismisses early due to inclement weather, the After School Program will not operate**. One of the many forms parents fill out at the beginning of each school year addresses your emergency plan if school dismisses early. If it begins to snow or ice after Montgomery County Schools has begun, staff will call parents to come pick up children. Staff use this plan because of

our county's geography. Sometimes it begins snowing in the north or west and the southern end of the county is not experiencing any deteriorating weather (or vice-versa). If program staff call, please be prompt in picking up your child. Safety is our primary concern. We want to make sure every child arrives home safely, so please check your phones for messages for delays and closings.

Information will also be posted on the homepage of the MCS website. Local radio and TV stations will also be notified of delays and closings.

**EMERGENCY DISMISSAL FORM
AFTER-SCHOOL PROGRAM**

In the event of an emergency requiring us to dismiss school or After School early due to snow or other weather-related problems, we must have a plan for getting your child home safely. Please update your child's plan when changes occur.

STUDENT'S NAME: _____

TEACHER'S NAME: _____

PARENT/GUARDIAN PHONE NUMBERS: (1) _____

(2) _____

SPEICAL INSTRUCTIONS: _____

INDIVIDUALS AUTHORIZED TO PICK UP THE STUDENT LISTED ABOVE:

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

MONTGOMERY COUNTY SCHOOLS AFTER-SCHOOL PROGRAM

I have received a copy of the After-School Program Handbook. I agree to abide by the rules and regulations governing after-school care and support the staff in their efforts to make Montgomery County Schools a safe and exciting learning experience.

In this handbook, I am given information for the following topics:

1. How to register my child?
2. Types of Enrollments
3. Withdrawal Policy
4. Fees for Services
5. Hours of Operation
6. Procedures for Safe arrival and Departure of Center
7. Medication Policy – Sick Child Policy
8. Discipline and Behavior Expectations
9. Inclement Weather
10. Healthy Snacks/Meals
11. Child Abuse and Neglect Policy
12. Summary of North Carolina Child Care Law and Rules

Child's Name (please print): _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____



**MONTGOMERY COUNTS SCHOOLS AFTER-SCHOOL PROGRAM
STUDENT APPLICATION FORM
2022 - 2023**

**Please print clearly. Return to after-school staff at school of attendance.
*** Registration Fee: \$10 that is due at the time application is submitted. *****

Child's Name _____
(Last) (First) (Middle)

Date of Birth: ____ / ____ / ____

2022-2023 Grade: _____ Sex: M F Classroom Teacher: _____

After-School Attendance Site (school): _____

Enrollment Plan (check one): ____ P.M. part-time (3 days or less per week) ____ P.M. full-time

If any of the following information changes during the year, please notify staff immediately.

Child's Street Address: _____

City, State, Zip: _____

Mother/Guardian: _____ Father/Guardian: _____

Street Address: _____ Street Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: (h) _____ (w) _____ Phone: (h) _____ (w) _____

Cell Phone: _____ Cell Phone: _____

Place of Work: _____ Place of Work: _____

Email: _____ Email: _____

If parents are divorced, who has custody? Mother Father Joint Custody

Medical/Developmental History Mark YES or NO for each question. Explain all YES answers below.

- | | |
|--|---|
| <input type="checkbox"/> Has child ever been hospitalized? | <input type="checkbox"/> Any history of convulsions? |
| <input type="checkbox"/> Does child get motion sickness? | <input type="checkbox"/> Any developmental delays (describe) |
| <input type="checkbox"/> Any previous diseases or illnesses? (list/describe below) | <input type="checkbox"/> Any physical disabilities? (describe) |
| <input type="checkbox"/> Any allergies? (list/describe below) | <input type="checkbox"/> Any operations? |
| <input type="checkbox"/> Behavioral/emotional special needs? | <input type="checkbox"/> Any history of diabetes in family? |
| <input type="checkbox"/> Any history of heart trouble in family? | <input type="checkbox"/> Any other special needs? |
| <input type="checkbox"/> Is your child under a doctor's care? | <input type="checkbox"/> Does your child have special staff assistance during the regular school day? |

Explanations for YES answers (continue on an additional sheet if necessary):

Release Information Check appropriate space and provide names if applicable.

NO ONE except the parents/guardians listed are authorized to pick up the child from afterschool.

In addition to the parents/guardians, the following people are authorized to pick up the child from the After School Program: _____

Emergency Information

Child's Doctor: _____	Child's Dentist: _____
Phone: _____	Phone: _____
Address: _____	Address: _____

Hospital Preference: _____

In the event of an emergency, if parents/guardians cannot be reached, please call the following people, who also have permission to pick up the child from the After-School Program. It is important that you list at least two contact people.

Name: _____	Relationship _____	Phone: _____
Name: _____	Relationship _____	Phone: _____

The MCS After-School Program agrees to arrange transportation to an appropriate medical resource facility in the event of an emergency. In an emergency situation, other children in the facility will be supervised by responsible adults. We will not administer any drug or medication without specific instructions from the physician or the child's parent or guardian.

I agree that afterschool staff may authorize the physician of his/her choice to provide emergency care if neither I nor the family physician can be contacted immediately.

Parent/Guardian Signature: _____ **Date:** _____

PLEASE NOTE: IF ANY OF THE FOLLOWING INFORMATION CHANGES, PLEASE NOTIFY THE MCS AFTER-SCHOOL PROGRAM SITE COORDINATOR IMMEDIATELY.

Miscellaneous Information

Please give any additional information concerning your child that would be important for staff members to be aware of (eating and sleeping habits, specific likes, dislikes, fears, etc.): _____

Parent/Guardian Information: Do you have any special skills, talents, or knowledge you would be willing to share with the MCS After-School Program at your child's school? If so, please describe: _____

Insurance Information

Please check one of the statements below.

_____ **Family/Private Insurance** - I have family insurance for my child to cover medical expenses resulting from accidents which might occur while my child is attending the Dragon Time After School Program.

_____ **School Accident Insurance** - I have purchased/will purchase school accident insurance for my child and will contact the school site office at the beginning of the school year for information.

_____ **Other** _____

Insurance Company Name: _____

Policy# _____

Acknowledgments

Physical/Immunizations: I certify that my child is enrolled in Montgomery County Schools and that a copy of a physical exam and a complete record of immunizations are on file in the school office where the child is enrolled.

Medical Expenses: I fully understand that Montgomery County Schools will not be responsible for medical expenses resulting from accidents, which might occur while my child is attending the After School Program.

Field Trips: I give permission for my child to be transported by a school activity bus to any activity planned by the After School Program. I understand that notification of field trips will be posted at the site at least one week in advance of the trip and that I should regularly check at the site for this information.

Permission for Children's Services: *(Circle One) I GIVE /DO NOT GIVE* permission for my child to be photographed at the after-school site (e.g. by site staff for scrapbook or display, by journalists doing reports on childcare, etc.)

(Circle One) I GIVE /DO NOT GIVE permission for my child's picture to be displayed on the website.

Program Policies: I certify that I have received, read and understand the After School Parent Handbook that includes the discipline/behavior management policy. I certify that I will comply with all of the policies and procedures outlined in this handbook.

Fee Payment Policies: I certify that I have read and understand all fee payment policies as stated in the Parent Handbook. I understand that payments are due in advance and that a late fee will be charged if my payment is not made by the payment deadline. Failure to pay fees in a timely manner will be grounds for dismissal from the program.

Withdrawal Policy: I understand that withdrawals must be made at the end of a month. Such notice must be given directly to program staff or to the main office in writing. I understand that I am obligated to pay for the full month even if my child does not attend during that time.

Permission for Academic Assistance: *(Circle One) I GIVE/DO NOT GIVE* permission for my child to receive academic assistance during after school.

North Carolina Child Care Laws and Rules: I received a copy of the North Carolina Child Care Laws and Rules when my child was enrolled for care.

Application Forms: I certify that all information I have provided on this application form is true and accurate. I understand that providing false or incomplete information will be cause for dismissal from the After School Program.

Parent/Guardian Signature: _____

Date: _____

Staff Received: _____

Date: _____