Bluffton-Harrison
PreK - 6th Grade: Childcare Handbook

1100 E. Spring Street, Bluffton, IN 46714 Phone:* **260-353-1724.

Mrs. Jaci Moser, PreK/Childcare Director

Thank you for choosing BHMSD Childcare for your children.
BHMSD Childcare is available to enrolled BHMSD students only.

BHMSD CHILDCARE HOURS

Childcare Option	Hours of Operation	Cost
Preschool Childcare	6:00am-6:00pm	See Preschool Handbook
K-6 School in Session	Before School: 6:00am-7:40am After School: 3:00pm-6:00pm	Before: $5 per child/per day After: $8 per child/per day
K-6 School Not in Session *(Virtual days, Holiday Breaks & Summer)*	6:00am - 6:00pm	$22 per child/per day *Pack own Lunch
2 Hour Delay	6:00am-9:40am	$8 per child/per day*
Yearly: Registration and Account Activation	Due at time of registration	$30 per child - applied to account

PAYMENT INFORMATION

** Checks should be made payable to BHMSD. Delinquent accounts of 10 days or more will result in suspension of service.*
**If school is delayed, the $5 am fee will change to a $10 delay fee.*
**If school is closed and your child is not picked up by 10am, then a full day fee will be charged.*

- ☐ *PreK Childcare Payment is due* to Bluffton-Harrison MSD in advance of services. Payments are made as part of the Preschool monthly enrollment.

- ☐ Payment for K-6 Childcare is due to **Bluffton-Harrison MSD by Monday at 8:00 a.m.** You may choose to pay by the day, week, or month, either before or immediately after using childcare services.

  Please note that if payment is not received within 10 days, childcare services will be suspended until the account balance is paid in full ($0).

Be sure your cash or check is placed in an envelope clearly marked "Childcare."

☐ All Student Payment Information

- If a student is not picked up by 6:00 p.m., a fee of $5.00/15 minute interval will be charged to the account beginning at 6:01 p.m.
- If a child has not been picked up by 6pm, we will begin contacting all available individuals listed on the child's emergency contact form. If we are unable to reach a parent, guardian, or authorized pickup person, and no communication or alternative arrangements have been made by 6:05 PM, we will contact the local police department for assistance to ensure the child's safety.
- If you have any questions about fees or payments, please contact Jaci Moser at jmoser@bhmsd.org.

CALENDAR

Dates of Service for Childcare.
The BHMSD childcare program will be an open, year-round program with limited closures for staff in-service training and holidays. Please see the attached 2026-2027 calendar of dates.

When BHMSD schools are closed or delayed due to road conditions, fog, or other emergencies, childcare **WILL** be available for enrolled BHMSD childcare students.

- Make sure to pack a lunch for your child for when school is closed, as lunch options will not be provided by BHMSD on school cancellation days.
- In the event of a Wells County Level 3 Travel Advisory, BHMSD childcare will close.

CHILDCARE HANDBOOK - DISCIPLINE POLICY

Goal
The goal of the Bluffton-Harrison MSD childcare discipline policy is to provide a positive environment where students are expected and encouraged to respect others, the property of others, and themselves. Our policy is driven by the belief that the purpose of education is to prepare our students for life, and exercising self-control is a key ingredient to a successful future.

Definition
Discipline involves the establishment of guidelines for acceptable student behavior. These guidelines encourage students to use self-control in following the procedures that have been established. It also includes administering appropriate consequences to students when they choose not to follow procedures and giving encouragement to students when they do follow procedures.

Student Responsibilities

Student conduct is expected to reflect respect and consideration for the personal and property rights of others, as well as an understanding of the need for cooperation with all members of the school community. Specific student responsibilities include, but are not limited to:

1. Accepting responsibility for one's behavior.
2. Demonstrating a positive attitude by following the directions of teachers and staff members.
3. Respecting the rights and personal property of others.
4. Respecting the authority of all childcare personnel.
5. Helping to maintain the facility.
6. Following the lifelong guidelines and life skills.

Consequences

Childcare employees may find it necessary to discipline students when their behavior interferes with the safety of anyone in attendance. *Any of the following consequences may be utilized dependent upon the severity of the behavior:*

- A discussion of the behavior with the child to redirect the behavior in an appropriate manner.
- A brief time away from normal activities or a specific activity (5 - 15 minutes).
- Time away from normal activities or a specific activity for a day.
- An in-program detention.
- A suspension from childcare.
- Removal from the childcare program.

As per BHMSD School Board Policy JQ-R: Written behavioral guidelines shall be established and/or approved by the school and provided to the parent(s)/guardians(s) when the child is enrolled in the childcare program.

Staff members of the childcare program shall be responsible for supervising and monitoring each child's behavior and reporting any problems to the parent(s)/guardians(s). If behavioral problems are persistent or severe, the child may be terminated from the program. Parents must be notified of the child's dismissal from the childcare program.

Communication

Bluffton-Harrison MSD believes that a cooperative effort must exist between childcare providers and parents in providing the best possible care for children. Communication is a key component in making this working relationship effective. Therefore, when questions arise, please feel free to call the childcare director for an appointment. You may also email the childcare director anytime at jmoser@bhmsd.org.

Parent Drop-off/Pick-up Procedures for Childcare

We will be using door 11 for pick up and drop off for Childcare. You will need to download parent square on your phone then let me know when it's downloaded. Then I will add you to our childcare parent square group where you will comment on the weekly post when you are there for pick up or drop off at door 11. For the complete BHES student handbook, visit the district website at www.bhmsd.org.

Childcare Communication Procedures

BHMSD childcare can be contacted at **260-353-1724**.

ParentSquare will remain our **primary method of communication**. However, if ParentSquare is temporarily down or unavailable, families may call the childcare phone to reach staff directly. Please note that staff will only respond to ParentSquare messages and phone calls made to the childcare phone. **Text messages to the childcare phone will not receive a response.**

BHMSD Childcare Program
Healthcare Statement

The Bluffton-Harrison Metropolitan School District (BHMSD) Childcare Program will make every attempt to provide trained healthcare personnel for medical emergencies outside of the school's calendar days (E.g., Parent/Teacher Conference Days, Fall Break, Christmas Break, Spring Break, Summer Vacation, and other days identified by Bluffton-Harrison M.S.D.). In the case that no personnel can be provided and emergency situations arise, the BHES staff will immediately call emergency personnel (911) and notify parents of any emergency situations as soon as possible. Expenses encumbered from emergency measures will be assumed by the parent/guardian. Parent/guardian(s) of children with diabetes or complex care requirements will coordinate with staff an appropriate plan regarding medication administration, emergency supplies, and procedural and/or treatment needs.

BHMSD Childcare Program
Service Charges

The BHMSD Childcare Program will work with families to meet the needs of all students. Parents will be charged the typical fee for the general needs of their child at childcare. These fees include a snack. Additionally, the BHMSD Childcare does participate in the Summer Free Lunch Program held at BHES which provides a free lunch for all children of the Bluffton-Harrison school community.

Adult Support

Students who have significant special education services during the school day are welcome to attend BHMSD childcare. If a student's needs require an instructional assistant to be with the student during the school day to ensure their health, safety, and emotional needs, the childcare

director will initiate an Individual Childcare Plan (ICP) evaluation followed by a parent meeting. The ICP will allow the director to determine if staff will be required during the course of the student's stay at childcare. If additional staff is needed to ensure safety and well-being of the child, a service charge not to exceed the cost of the additional services will be added to each session attended as agreed upon in the ICP for that child. The ICP form is included in the handbook. The evaluation will take place over several days and a meeting will be held prior to additional charges being assessed. If the parent is in agreement to the terms of the ICP, the additional charges will be started at that time. If the parent does not agree with the terms of the ICP, the child will not be able to attend the BHMSD Childcare Program. It is our goal that all students receive the support needed to be successful in the childcare setting.

Medical Treatments

There are times when a student does not need continual adult support throughout a childcare session, but medical treatment may require that the childcare worker is away from their regular duties for more than five minutes. Examples might include: tube feeding, catheterization, etc. In these cases, an ICP will not be initiated, but the parent will incur a charge as additional staff will be required to allow the childcare worker to meet the medical needs of the child. If the child has a medical condition that requires a registered nurse to be PRN (on-call), a service charge not to exceed the cost for PRN services will be added to each session attended for that child as agreed upon in the ICP for that child.

BHMSD Childcare does not have a nurse on staff before or after school, or on non-school days. If your child requires medical care that our staff is not certified to provide, we will not be able to offer childcare services during those times.

If we have the capability of 1:1 assistant for your child's needs, then the following fee schedule would apply as outlined below:

1:1 Childcare Option	Hours of Operation	Cost
K-6 School in Session	Before School: 6:00am-7:40am After School: 3:00pm-6:00pm	Before: $5 per child/per day and an additional $25 After: $8 per child/per day and an additional $25
K-6 School Not in Session *(Virtual days, Holiday Breaks & Summer)*	6:00am - 6:00pm	$22 per child/per day *Pack own Lunch Additional Fee of $100
K-6 School Not in Session *(Virtual days, Holiday Breaks & Summer)*	½ Day Options 6:00am - 12:00pm 12:00pm - 6:00pm	$22 per child/per day *Pack own Lunch Additional Fee of $50

BHMSD Childcare Program

Individual Childcare Plan (ICP)

Name of Child _____
Birthdate of Child _____
Current Grade of Child _____

Please answer the following questions:

1. Does the child have an IEP during the school day that requires additional adult assistance throughout the day? YES or NO
2. Does the adult assistance relate to the health/safety/emotional needs of the child? YES or NO
3. Is the adult assistance during the school day extensive, meaning more than in a small group setting, but requiring 1:1 support for the child? YES or NO

If the answers to the three questions indicate the need for support of an adult during childcare sessions, we will complete an evaluation of the student in the childcare setting. This evaluation will include:

1. Observation of the child during the school day
2. Observation of the child during childcare
3. Parent interview to discuss the needs of the child including any medical needs
4. Teacher interview to understand the needs of the child
5. School nurse interview to understand the health needs of the child

After these things are completed, a meeting will be held to review the results and recommendations for childcare services. If the services include adding staff to the BHMSD childcare program, the parent will be notified and charges will be assessed.

Charges include:

Additional adult support during childcare: $ _____
OR
Registered Nurse PRN on-call during childcare sessions: $ _____

*If an ICP is in effect, advanced notice of attendance will be required for the child to attend childcare to allow for adequate staffing.

_____ _____
Jaci Moser, Director Date

_____ _____
Parent Signature Date

Bluffton-Harrison MSD
Childcare Parent Agreement

***1100 E. Spring Street, Bluffton, IN 46714 Phone:** 260.353.1724

Mrs. Jaci Moser, PreK/Childcare Director

Please sign and return this sheet as receipt that you have read and agree to all aspects of the BHMSD Childcare program.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____

Bluffton-Harrison MSD
Childcare Pre-Pay Financial Agreement

***1100 E. Spring Street, Bluffton, IN 46714 Phone:** 260.353.1724

Mrs. Jaci Moser, PreK/Childcare Director

_____ I understand and agree to pay $5 for the before school childcare (6:00-7:40a.m) **per child per day**.

_____ I understand breakfast is offered and available for an additional fee **per child per day**.

_____ I understand and agree to pay $8 for the after school childcare (after school until 6:00 p.m.) **per child per day.**

_____ I understand and agree to pay $5 if I don't send a packed lunch on a virtual learning day or a non food service day. (e.g. summer transition when there are no food service lunches.)

_____ If my child is not picked up by 6:00 p.m., a fee of $5.00 per 15 minute interval will be charged to the account beginning at 6:01 p.m. **per child per interval**.

Payment is due to Bluffton-Harrison MSD in advance of services. Please be sure your check or cash is in an envelope clearly marked "childcare". If you wish, you may send your payment with your child.

Checks should be made payable to BHMSD.

A delinquent payment of 10 calendar days will result in termination of enrollment. In order to re-enroll in the BHMSD Childcare Program, delinquent accounts must be paid in full and pre-payment of services must be received.

If my child eats a school breakfast, his/her breakfast/lunch account will be charged accordingly. The childcare fund and breakfast/lunch account fund will need to be kept separate; therefore, please do not combine breakfast/lunch money with childcare money.

The receipt received after payment is the only receipt that will be given. The tax exempt I.D. number is on the receipt form. **Please save your receipts if needed for tax purposes.** Upon request, an itemized year-end report may be provided.

****Rates will be reviewed on an annual basis by the BHMSD School Board**

Bluffton-Harrison MSD
Childcare Emergency Contact Information

***1100 E. Spring Street, Bluffton, IN 46714 Phone:** 260.353.1724

Mrs. Jaci Moser, PreK/Childcare Director

Child's name _____

Address_____ City_____ State____ Zip_____

Birthday_____ Age_____

Child's Teacher _____ Grade_____

Guardian #1 Name _____

Guardian #1 Phone # _____Guardian #1 Email _____

Guardian #2 Name _____

Guardian #2 Phone # _____Guardian #2 Email _____

Signature _____
(Parent or Guardian) (Date)

Bluffton-Harrison MSD
Childcare Dates of Attendance

***1100 E. Spring Street, Bluffton, IN 46714 Phone:** 260.353.1724

Mrs. Jaci Moser, PreK/Childcare Director

Days attending for Student: _____

Before School ___*Occasionally* ___*M* ___*T* ___*W* ___*Th* ___*F*
(6:00am - 7:40am)

After School: ___*Occasionally* ___*M* ___*T* ___*W* ___*Th* ___*F*
(3:00pm - 6:00pm)

*Please list telephone numbers where a parent can be reached before, during, and after childcare hours:

Name	Phone	Relationship

Pick-up Authorization
The following individuals, other than Guardian #1 and Guardian #2, are authorized to pick up my child from Childcare. In case of an emergency, these individuals may be called if I cannot be reached.

Name	Phone	Relationship

_____
Please write additional instructions if needed:

Bluffton-Harrison MSD
Childcare Health Information 2026-2027

***1100 E. Spring Street, Bluffton, IN 46714 Phone:** 260.353.1724

Mrs. Jaci Moser, PreK/Childcare Director

---

*Please complete both sides

Student name: _____ Grade _____ Birth date _____
Physician _____ Phone _____

Medical History/Conditions
For each of the following conditions please circle "Yes" or "No". For "Yes" answers, please list any medications taken or any special care for the condition. If needed, please use the back of this page for additional information. If the student takes any medication, please fill out the medication section on the back of this page.

Condition	**Yes/No**	**Medication/Special Care/Notes**
1. Acid reflux/GERD/frequent vomiting	Yes/No	_____
2. ADD/ADHD (Attention Deficit Hyperactivity Disorder)	Yes/No	_____
3. Bone, joint, or muscle disorders/fractures	Yes/No	_____
4. Bladder or Kidney concerns/control problems	Yes/No	_____
5. Bowel concerns (constipation, loose stools)	Yes/No	_____
6. Ear or hearing concerns	Yes/No	_____
7. Emotional/psychological	Yes/No	_____
8. Eye or vision concerns	Yes/No	_____
9. Genetic disorder/Chromosome disorder/Syndrome	Yes/No	_____
10. Heart/Congenital Heart Defect/Heart Surgery	Yes/No	_____
11. Headaches (frequent, migraines, sinus)	Yes/No	_____
12. Medical Equipment (feeding tube, wheelchair, etc.)	Yes/No	_____
13. Pollen, dust, environmental allergies	Yes/No	_____
14. Shunt/hydrocephalus	Yes/No	_____
Please see nurse if you answer YES to any of the below:		
15. Asthma	Yes/No	_____
16. Autism Spectrum Disorder	Yes/No	_____
17. Bee /Insect sting allergy*	Yes/No	_____
18. Cerebral Palsy (C.P.)/Neurological disorders	Yes/No	_____
19. Diabetes (If yes, please see nurse for school instructions)	Yes/No	_____
20. Digestive concerns/special diet/tube fed	Yes/No	_____
21. Epilepsy/Seizure disorder	Yes/No	_____
22. Food allergy**/Intolerance (milk, dairy products, etc.)	Yes/No	_____

Allergies
Please list the type of reaction and medication/treatment needed for each allergy:

Allergy	**Type of Reaction**	**Medication/Treatment Needed**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete the back side of this form.

***If emergency medications are needed for allergies, please fill out a "Medication Authorization Form" and bring the medication to school in the original container.**

****If the student has a food allergy or needs food substitution in the school cafeteria, a doctor note is required.**

Medications
Does this student take any medication (prescribed and/or over-the-counter/OTC)? Yes/ No

Medication Name	Dose and Time(s) Taken	Reason for Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Most medications may be taken at home. Will this student need to take medication **during school hours?***
Yes/No Explain: _____

***Note: BHMSD policy requires all medication given to students to be supplied by the parent/guardian. All medication must be in the original container. Prescription medication given at school requires a medication permission form signed by the physician and parent/guardian. Over the counter medication (i.e. pain relievers) must have a medication permission form signed by the parent. All forms are available from the school nurse and on the school website.**

Immunizations
Has the student received any immunizations in the past year? Yes/No List new: _____
In order to keep the student's immunization record up-to-date, be sure to give a copy of any new immunizations, with dates, to the nurse.

Vision Exams
Has the student been seen by an optometrist (eye doctor) in the past year? Yes/No (If yes, please have the optometrist fill out a vision exam report and turn it into the school nurse. See the nurse if you need a form.)

Recent injuries/Fractures/Surgeries/Hospitalizations
Please list any recent injuries, fractures (broken bones), surgeries, or hospitalizations with dates:
_____
_____

Other information
Please give any additional information that would be helpful for the staff at school to know to keep the student safe and healthy:
_____
_____

To ensure the care of my child, I give the school nurse permission to share pertinent health information about my child with appropriate school staff. This will be done only on a "need to know" basis and in a confidential manner. I agree that the school nurse may consult with my child's family doctor/health care provider(s) about the medical conditions on this form. I agree to alert the school nurse and my child's teacher, in writing, of any change in my child's medication and/or health status. The above permission will be valid through June 2023, unless I revoke the permission in writing.

Parent/Guardian Signature_____ **Date** _____

Student's Full Name_____

Bluffton-Harrison MSD
Childcare CLOSURE SCHEDULE 2026-2027

***1100 E. Spring Street, Bluffton, IN 46714 Phone:** 260.353.1724

Mrs. Jaci Moser, PreK/Childcare Director

---

*BHMSD CHILDCARE WILL BE CLOSED ON THE FOLLOWING DAYS DURING THE 2026-2027 School Calendar

Summer Break: Friday, July 3, 2026
Monday, July 6, 2026

Teacher Days: Monday, August 10, 2026
Tuesday, August 11, 2026

Labor Day: Monday, September 7, 2026

Thanksgiving Break: Thursday, November 26, 2026
Friday, November 27, 2026

Christmas Break: Thursday, December 24, 2026
Friday, December 25, 2026
Thursday, December 31, 2026
Friday, January 1, 2027

Martin Luther King Day: Monday, January 18, 2027
(only closed if the school is closed this day)

Good Friday: Friday, March 26, 2027

Last Teacher Day: Friday, May 26, 2027

Memorial Day: Monday, May 31, 2027