

After-School Learning Program

William Rustin
Interim Superintendent

www.bcssk12.org

BUTTS COUNTY SCHOOLS
181 North Mulberry Street
Jackson, Georgia 30233

Telephone (770) 504-2300
Fax (770) 504-2305

Registration:
Registration will be completed at the school level. The parent must complete a Registration Form. Children will not be allowed to attend the after school program until all forms have been completed. A new registration must be completed each school year. Registration must be completed by parent or guardian.

Schedule:

Daily Schedule: The daily schedule includes a nutritious snack, a designated homework/academic time and planned club activities.

Times of Operation:
Start Date: July 31, 2026
End Date: May 27, 2027

Before School Care: 6:30 a.m- 7:20 a.m.
After School Care: Immediately after school until 6:00 p.m.

Tuition:
Before School Care: $5.00 per day

After School Care: $10.00 per day

Payment: Check, Cash, or Money Order

- Make checks payable to: School of Enrollment
- A balance accumulated for 2 weeks must be paid in full or students will not be allowed to attend the program.
- All outstanding balances from previous years from all elementary schools must be paid prior to registration for the upcoming school year.

Late pick-up/charges:
● If you are late picking up your child you will be charged $1.00 per minute after 6:00 p.m. If no contact is made for student pick-up by 6:30 p.m., the student will then be cared for by the Sheriff's office. If you are going to be late, please attempt to contact us before 6:00 p.m. This lets the staff know that you are on your way but this does not exempt you from the $1.00 per minute late fee.

After three late pick ups your child may be removed from the program.

Exemption Notice:

● I have been informed that this program is not a licensed child care facility. I also understand that this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Discipline:

Children are entitled to a pleasant and harmonious environment. Reasonable efforts will be made using positive reinforcement and management methods to assist children in adjusting to the program setting. If using positive reinforcement and management methods seem to be ineffective, the staff will send the child to the Site Coordinator who may deal with the chronically disruptive behavior using a 4-Step Discipline Plan.

Students will be expected to adhere to the Butts County School System's Code of Conduct and any violation of school or system policy may incur dismissal from the after school program and/or school discipline that may affect their instructional day.

Please sign to acknowledge that you and your child have read and understand the procedures.
Regarding discipline, I understand that:
My child may stay in the program if acceptable behavior is exhibited. Disciplinary problems are not tolerated. If my child is disruptive, disrespectful to authority, abusive or threatening to self and/or other students in any way he/she may be dismissed temporarily or permanently from the program. Severe violations may necessitate dismissal on a first offense.

Student: _____ Parent/Guardian: _____

Date:_____ Date:_____

After-School Program

Date: _____

Child's Name: _____ Age: _____

Grade: _____Teacher: _____

Other children in the family:

Name Age Enrolled? Yes No
Name Age Enrolled? Yes No
Name Age Enrolled? Yes No

Parental information:

Mother_____ Mother's Workplace _____

Home_____ Work Cell _____

Father_____ Father's Workplace _____

Home_____ Work Cell _____

Child lives with _____

Address _____

Departure Procedures:

List the two people (other than parents) authorized to take your child from the campus.
Name _____Phone_____ Relationship_____
Name_____ Phone _____Relationship _____

Emergency Information:

Please list the name, address, and phone number of two people that can be notified in case of an emergency when parents or guardians cannot be contacted.

Name_____ Phone_____

Address _____

Name_____ Phone _____

Address _____