



STATESBORO-BULLOCH

Parks and Recreation

AfterSchool Program

Joy Deal, Program Supervisor



P.O. Box 408 • Statesboro, GA 30459 • (912) 489-9058 • jdeal@bullochrec.com

2014-2015 AfterSchool Child Care Program Registration Packet

Helping to Build Stronger Kids Everyday.



2014-2015 AfterSchool Program Fees

Registration Fee: \$25.00

The required registration fee per child is non-deductible and non-refundable.

“Our Time”

\$50 2 days a week (2 week session)

\$80 5 days a week (2 week session)

“R.E.C.E.S.”

\$40 2-Week session

Other “Our Time” Fees

Late Pick-Up Fee: \$5.00

After 6:00 PM (every 15 minutes)

Other “R.E.C.E.S.” Fees

Late Pick-up fees: \$10.00

After 4:00 PM (until 6pm only)

PAYMENT LATE FEES:

Payments not made 1 week in advance will be assessed a \$10 late fee. Children not paid prior to session will be removed from the afterschool program. Staff will inform teachers that we cannot accept children not paid.

TRANSFERRING PROGRAMS:

If changes in registration of program (OT 2 days/ OT 5 days/ RECES) become necessary – it is the responsibility of the parent to contact the administrative offices to change program. Late pick up fees will apply if office is not contacted. (In other words if you switch from OurTime to R.E.C.E.S. or R.E.C.E.S. to OurTime without notification you will automatically be charged late fees. There is a \$10 Transfer Fee per transfer.)

Payment & Registration:

Pre-registration and payment is required through the main office on Fair Road. We accept check, cash, or credit card (Visa/Mastercard) at our Honey Bowen Building office. Payments WILL NOT be taken onsite at schools. Be sure to check out our "online payment options".

DROP BOX! For your convenience, we offer a drop box at the Statesboro Main Office and Brooklet Rec. Office. Please remember - checks only! We are not responsible for any cash left in the box. There are envelopes on the side of the box- so be sure and put your payments in an envelope. ALWAYS be sure to note on your check what school your child attends and the program (Our Time or R.E.C.E.S.)

Camp Adventure FEES

(Full Day activities 8am- 6pm)

Registration Fee: \$25.00 (for children not currently registered for AfterSchool)

The required registration fee per child is non-deductible and non-refundable

\$110 weekly rate per child

\$25 daily rate per child.

Parent Statement of Understanding

This is a copy of the information in this packet that requires parent initials and signature

- please keep for your records -

Parents or legal guardians are allowed access to all areas of the facility at all times during periods when their children are present in the facility but must check in with ASP staff. Parents are encouraged to visit the program.

If monthly fees are not paid 1 week in advance a \$10.00 late fee will be charged. I understand that my child may be removed from AfterSchool for failure to pay fees prior to each session.

Children enrolled in SBCPRD AfterSchool Program may be released only to a parent, legal guardian or an adult authorized in writing on the registration form. Parent, legal guardian or an authorized adult is required to show scan card or photo ID every day (pick up cards will be scanned by computer).

Camp Adventure (full day activities for school breaks) participants must be signed IN by a parent or legal guardian.

I understand that pick up time for R.E.C.E.S. is 4:00pm and OurTime is 6:00pm. If the parent, legal guardian or authorized adult is late, they will be charged a late fee. Late fee payment is due at the time of pick up. R.E.C.E.S = \$10(until 6pm) per day after 4pm; OurTime =\$5 for every 15 minutes.

For children who are still at the school after close of SBCPRD AfterSchool (6:00pm):

1. Parents or emergency contacts will be called.
2. If parents or emergency contacts are not available, the Statesboro Police Department will be called for assistance. They will contact Department of Family and Children Services until a parent, legal guardian or authorized adult is located.
3. The child shall not be taken to a staff member's home.

Only prescription medication will be administered upon written request; medication permission form must be filled out and initialed by parent or legal guardian.

It is the policy of SBCPRD to evaluate the condition of any child entering the AfterSchool Program to screen each child for obvious signs of illness or health related problems before accepting them into the program. IF service is denied, certain criteria must be met prior to allowing the child to be re-admitted to the program (see parent handbook).

Any child who intentionally breaks any property belonging to the BOE or SBCPRD will be held responsible for replacing the broken items.

Children are encouraged to wear tennis shoes to AfterSchool and appropriate pants/shorts for recreational play.

I understand that I am responsible for medical coverage for my child should an incident occur while he or she is in the care of SBCPRD.

Toys, electronic devices and other valuable items are not permitted at the program. SBCPRD is not responsible for lost or stolen items.

No refunds will be given for missed field trips. Parents must give 1 day notice for field trip refunds. If tickets must be pre-purchased for special trips—NO REFUNDS will be given after the purchase deadline.

Homework time is NOT tutorial. It is a basic support system for homework success. The ultimate responsibility in homework completion and accuracy lies with the family.

Parents or legal guardians who have children with special needs that require assistance must contact Alison Brown at 489-9059 or abrown@bullochrec.com.

I understand the parent handbook is available online. I also understand it is my responsibility to read the information.

I understand that registration fees are nonrefundable and nontransferable.

As a custodial parent I am aware that it is my responsibility to inform SBCPRD of any custodial issues regarding who can or cannot pick up my child. (Legal documents may be required, depending upon circumstances.)

STATESBORO-BULLOCH COUNTY PARKS & RECREATION AFTER SCHOOL PROGRAM -- PARTICIPANT INFORMATION SHEET

_____ OUR TIME ('til 6:00pm) _____ R.E.C.E.S. ('til 4:00pm) _____ SPECIALIST _____ DROP IN
(program for children with special needs)

FIRST DATE ATTENDING _____ SCHOOL _____ GRADE _____
CHILD'S NAME _____ BIRTHDATE _____ AGE _____ GENDER _____

LEGAL GUARDIAN INFORMATION

NAME _____ EMAIL ADDRESS _____
ADDRESS _____ PHONE # _____
CITY _____ STATE _____ ZIP _____
PLACE OF EMPLOYMENT _____
WORK # _____ BEEPER/MOBILE # _____

LEGAL GUARDIAN #2 INFORMATION

NAME _____ EMAIL ADDRESS _____
ADDRESS _____ PHONE # _____
CITY _____ STATE _____ ZIP _____
PLACE OF EMPLOYMENT _____
WORK # _____ BEEPER/MOBILE # _____

☆ PHYSICAL AND/OR MENTAL DISABILITIES (This helps us determine if your child needs one on one care):

☆ MEDICATIONS/ALLERGIES/SERIOUS ILLNESSES (List medication requirements):

FAMILY PHYSICIAN _____ PHONE # _____

EMERGENCY CONTACT & PHONE NUMBER **OTHER THAN** FATHER/ MOTHER: (These are the only people allowed to pick up your child)

NAME _____
RELATION _____
PHONE # _____

NAME _____
RELATION _____
PHONE # _____

NAME _____
RELATION _____
PHONE # _____

NAME _____
RELATION _____
PHONE # _____

PARENT SIGNATURE: _____ DATE _____

Childs Name: _____

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

The Statesboro-Bulloch County Parks & Recreation Dept. procedures for requesting confidential information:

The Statesboro-Bulloch County Parks and Recreation Department will not release any information regarding a child without the written request and consent of the parent registering the child. The Program Supervisor would determine if the reason to release is valid.

The request must be in writing and signed by the parent or legal guardian that registered the child for the activity.

Please sign below if you agree to these polices to protect your personal and private information.

Parent Signature: _____

Date: _____

PARENTAL CONSENT AFFIDAVIT

We/I parent(s) of the above named participant for AfterSchool, give our/my approval to participate in any and all activities during the AfterSchool Program; including transportation for fieldtrips.

We/I do hereby waiver, release, absolve indemnify, and agree to hold harmless the organizers, sponsors, supervisors, participants and persons involved, in the event of injury to our/my participant during the program for claims arising out of an injury by participating in the AfterSchool Program. We/I will be responsible for some type of medical insurance coverage for our/my child while participating in the AfterSchool Program.

We/I further grant the Statesboro-Bulloch County Parks and Recreation Department the unencumbered right to make promotional use of any pictures taken of the registrant while a participant in this program.

We/I will be responsible for my participant's abusive actions. We/I will be responsible for my child, participant, complying with the discipline policies and procedures for the AfterSchool Program at the Statesboro-Bulloch County Parks and Recreation Department.

We/I understand that if my child/participant does not follow these guidelines, immediate dismissal may be the result.

Parent Signature: _____

Date: _____