



## 2018-2019 BEFORE AND AFTER SCHOOL CARE POLICY (AM/PM CARE)

Williamsburg Christian Academy (WCA) offers a before and after school care program for **K3 through 5<sup>th</sup> grade students** to meet the needs of working parents. Because of space limitations, WCA is unable to accept children for play dates or provide care for parents who wish to attend WCA athletic or other events. Our goal is to provide a safe and caring home-like environment for children where Christian principles are practiced.

### Hours of Operation

**Before Care - 7:00 a.m. to 8:00 a.m.**

**After Care - 3:00 p.m. to 6:00 p.m.**

**School Wide Early Dismissal 11:30 AM to 6:00 PM**

We have designed a semi-structured program to give children safe boundaries, while allowing more freedom than the normal classroom setting. During PM care there is a generous amount of playtime, along with a designated time for homework. We also provide a nutritious afternoon snack each day. Our AM/PM care director and staff are CPR and first aid certified. Enrollment begins in January during the school re-enrollment period. **Space is limited.** The AM/PM director will determine when the program is full and notify parents.

## GENERAL POLICIES

### Arrivals & Departures

- A parent or person authorized by the parent must sign in a child attending AM care.
- The care provider will sign in a child attending PM care.
- All children attending PM care should report promptly. No one is admitted after 3:30 PM unless prior arrangements are made with the PM care director.
- Children of WCA staff members must be in PM care no later than 3:30 PM and may not run back and forth to a parent's office/classroom.
- At pickup the child must be signed out by the parent or person authorized by the parent. All children in a family must be picked up at the same time.
- Once a parent has signed their child(ren) out of PM care, the child(ren) may not return to PM care that day.
- Written notification from a parent is required if the AM/PM Care program is no longer needed.

## **Illness**

Limitations in attendance or requiring immediate pick up will be as follows:

- Child's temperature is 100 degrees or over
- There is green or yellow discharge from the nose
- Child has a contagious illness

## **Half Days**

- PM care is provided on scheduled half days with the exceptions of:
  - a. Any Early Dismissals prior to holidays
  - b. Early Dismissal last day of school
- On scheduled half days when care is provided, children need to bring a lunch and drink.

## **Inclement Weather**

- If school is closed no AM/PM care is provided
- If school closes early there will be no PM care
- If the opening of school is delayed, there will be no AM care

## **Disciplinary & Behavior Management**

Parents will be informed in person, by telephone, in writing, and/or through parent conferences if their child displays inappropriate behavior. Inappropriate behavior may lead to disciplinary action including possible suspension and/or termination from the program. The following list of inappropriate behaviors may result in disciplinary action, and this list may not be all-inclusive:

- Fighting
- Stealing
- Defacing school property
- Lack of respect for staff members
- Uncooperative with staff instructions
- Discourteous behavior toward other children
- Improper and inappropriate language use
- Other behaviors as noted in the WCA Student Handbook

Disciplinary action may include the following:

- Time out
- Verbal or written report to parents
- Parent conference
- Suspension
- Expulsion
- Other actions as noted in the WCA Student Handbook

## **Snack**

- A nutritious snack is provided daily after school
- Candy and other junk food is discouraged, but is permitted with parent permission
- Gum is not allowed

## **Toys/Games**

Children are not allowed to bring certain toys or games from home. This includes toy weapons and bey blades.

## **Students not picked up by 3:15 or 12:15**

At the end of the school day, parents or designated parties come to the classroom of their student for pickup. At 15 minutes after dismissal time (3:15 or 12:15) all students who have not been picked up are taken to the AM PM Care room. Our school policy and insurance company requires that students be supervised at all times.

## **Billing**

Parents will be billed based on the fee schedule for daily use. Invoices are prepared monthly on the first day of the month following the month services were used and will be posted to the family PraxiSchool account. Payment is made through the parent portal and is due by the 10<sup>th</sup> of the month. Williamsburg Christian Academy reserves the right to suspend services, the administering of exams, and the issuing of grades if an account is delinquent more than 45 days.

## **2018-2019 AM/PM CARE FEES**

### **AM CARE:** (each student) 7:00 – 8:00 AM

Daily Payment            \$7.50

### **PM CARE**

<b>Daily Payment</b>	<b>PM Care Hours</b>	<b>Each Student</b>
Full School Day:	3:00 PM up to 4:30 PM	\$11.00/day
Full School Day:	3:00 PM up to 6:00 PM	\$22.00/day
Half School Day:	11:30 up to 3:00 PM	\$22.00/day
Half School Day:	11:30 up to 6:00 PM	\$37.00/day

### **LATE PICKUP FEE** (each student)

\$6.00 per each 15-minute interval or fraction thereof per student.

Faculty and Staff are not charged the above fees if the employee uses the service to fulfill their duties at WCA. If the employee uses the service to conduct personal business offsite, the above fees apply.



**2018-2019 AM/PM CARE APPLICATION**

**(Note: Application is required each school year even if student attended the program the prior school year.)**

Child's Full Name: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

In case of emergency contact:  
Name(s): \_\_\_\_\_ Telephone #(s): \_\_\_\_\_

\_\_\_\_\_

Authorized Person(s) for pickup:  
\_\_\_\_\_

Person(s) NOT authorized to pickup your child:  
\_\_\_\_\_

Physician's Name and Telephone:  
\_\_\_\_\_

\*Any health concerns? Please explain.  
\_\_\_\_\_

\_\_\_\_\_

I have read, understand, and will abide by the AM/PM Care Policy.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_