

Battlefield Elementary School After-School Program

Enrollment Information

2019-20 School Year

Purpose: The Battlefield Elementary After-School Program, as an extension of the regular school day, provides educational opportunities for students after school hours. The safe and caring learning environment is intended to meet the needs of students who would otherwise be home alone after school.

Philosophy: Our ASP supports and encourages the social, emotional and physical development of each child. Activities include supervised outside play, snacks, reading and educational activities.

Enrollment: Complete front and back of an enrollment form for each child and return it to the school along with a \$5.00 non-refundable registration fee. **Registration form and \$5.00 enrollment fee must be received PRIOR to using ASP services, per County guidelines.**

Hours: The ASP, located in the Cafeteria at BES, is available from dismissal time until 6:00 p.m. Monday – Friday when school is in session. We are not open during In-service or inclement weather days. We will not be having ASP on the last day before Christmas Break or the Last Day of school. ASP will not be held on days when school closes early for inclement weather.

Fees: Parents are charged for ASP by the hour. For families with more than one child in Battlefield Elementary ASP, charges will be full price for the first child and each additional child will be half price. Current rates are as follows:

·	Dismissal – 3:45	\$3.50
·	3:46 – 4:15	\$5.25
·	4:16 – 4:45	\$7.00
·	4:46 – 5:15	\$8.75
·	5:16 – 5:45	\$10.50
·	5:46 – 6:00*	\$12.25

Parents are billed weekly each Thursday and are expected to pay in full by Monday. Students with an outstanding balance \$50.00 or 2-weeks without a payment will not be allowed to attend ASP, there will be NO EXCEPTIONS!

If student is terminated twice due to outstanding payment, the student will be on a Pay Per Day for the remainder of the school year.

In the case of returned checks, BES is a member of Envision Payment Solutions (check amount & \$30 fee will be collected through this agency). Please see complete notice at ASP desk for more information. **If we have two returned checks, parents will be required to pay in cash for the remainder of the school year.**

***Students picked up after 6:00 p.m. will incur a charge of \$2.00 per minute in addition to the hourly rate.**

Battlefield Elementary School
After-School Program Rules
PARENT COPY

At All Times:

- Be respectful to teachers and students.
- Obtain permission from a teacher before leaving an area.
- Always walk.

Snack Time:

- No talking during check in.
- Be mannerly and talk quietly during snack time.
- Keep snack area clean.

Activity Time:

- Maintain an “inside voice”.
- Use equipment properly.
- All children are responsible for cleaning up and maintaining equipment.

Study Time: Bring all needed supplies (paper, pencil, books, etc.).

- Work or study quietly.
- Raise your hand for assistance.

Discipline Procedures

We expect children to have a good time and enjoy the After-School Program and follow the rules at all times. However, if needed, discipline will be handled in a routine manner. **1st write up -1 day no playtime, 2nd write up - 3 days no playtime, and 3rd write up - a meeting with the Director and possible expulsion from the After School Program. This pertains to ALL students registered in the program.**

My child and I have discussed the importance of following the above stated rules. I agree to abide by the policies and procedures of the After-School Program as outlined in the student handbook.

Registration Paid: Cash _____ Check # _____
CCPS employee: _____ Date: _____

Date: _____

BES After-School Program Enrollment Form 2019-20 School Year

CHILD'S NAME _____ GRADE _____

ADDRESS _____ TEACHER _____

CITY _____ ZIP _____ HOME PHONE _____

MOTHER'S NAME _____ EMPLOYER _____

CELL _____ WORK _____

FATHER'S NAME _____ EMPLOYER _____

CELL _____ WORK _____

Does either parent work for Catoosa County Public Schools? If so where? _____

REQUIRED: IN CASE OF EMERGENCY, THE FOLLOWING MAY BE CONTACTED (in this order) IF THE PARENTS CANNOT BE REACHED:

THE FOLLOWING PERSONS ALSO HAVE PERMISSION TO PICK UP MY CHILD FROM ASP:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

IS YOUR CHILD ALLERGIC TO BEE-STINGS? _____ FOOD ITEMS? _____

PLEASE LIST ANY FOOD RESTRICTIONS: _____

DOES YOUR CHILD HAVE ASTHMA? _____

PLEASE LIST ANY MEDICATIONS* YOUR CHILD IS CURRENTLY TAKING _____

***MEDICATIONS (INCLUDING OVER-THE-COUNTER) WILL NOT BE ADMINISTERED WITHOUT A DOCTOR'S NOTE**

PLEASE LIST ANY OTHER MEDICAL INFORMATION WE SHOULD KNOW:

NAMES OF SIBLINGS ENROLLED IN ASP AT BATTLEFIELD ELEMENTARY:

1. _____ TEACHER _____

2. _____ TEACHER _____

MY CHILD'S ENROLLMENT STATUS WILL BE

_____ FULL TIME (4-5 DAYS A WEEK) _____ PART TIME (1-3 DAYS A WEEK)

IN THE EVENT OF ANY EMERGENCY, I AUTHORIZE PERMISSION FOR BATTLEFIELD ASP TO SEEK IMMEDIATE MEDICAL ATTENTION FOR MY CHILD.

PARENT

SIGNATURE _____ DATE _____

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- Work or study quietly.
- Raise your hand for assistance.

(This time does not include reading to an adult.)

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Parent's Signature

Date

Student's Signature

Date