

After School Care

Policies and Procedures

Mission Statement

The After School Program is dedicated to provide an educational and caring environment filled with educational and recreational activities where students can grow academically, socially and become well-rounded individuals.

Hours of Operating

The After School Program begins at 2:45 pm and ends **promptly** at 6:00 pm. Students **must** be picked up no later than 6:00 pm. **If students are not picked up by 6:00 there will be a late charge of \$1.00 per minute. NO EXCEPTIONS.** If you are in need of assistance, please do not hesitate to contact the main office at (305) 258-7497.

General Program

The After School Program at Somerset Academy South Homestead has a variety of activities, including assistance with home learning, indoor games, outdoor recreation and sports. All After Care Leaders have been fingerprinted and drug-tested by the Miami-Dade County Public School System and have experience working with children.

Cost and Payments

After School Care \$130.00 per Month

Registration Fee is \$50.00 per child enrolled.

Payments must be received before the new service period begins. There will be a **\$15.00 LATE FEE** for any payments not received by scheduled payment due date. No child will be allowed to begin a service period for which payment has not been made. There will be no credits or deductions given for partial attendance under any circumstance. Payments may be made using cash or check payable to Somerset Academy South Homestead. Checks returned for no sufficient funds (NSF) will result in a \$25.00 NSF fee.



Payment Schedule

Payment Due Date Last Day of Every Service Period	Service Period	After School Care
Before or on August 21, 2017	August 21-September 1, 2017 (2 weeks)	\$65 plus \$50 registration fee
September 1, 2017	September 5 - September 29, 2017 (4 weeks)	\$130
September 29, 2017	October 3-October 26, 2017 (4 weeks)	\$130
October 26, 2017	October 30 -November 21, 2017 (4 weeks)	\$130
November 21, 2017	November 27 –December 22, 2017 (4 weeks)	\$130
December 22, 2017	January 8 –February 2, 2018 (4 weeks)	\$130
February 2, 2018	February 5 –March 2, 2018 (4 weeks)	\$130
March 2, 2018	March 5-April 6, 2018 (4 weeks)	\$130
April 6, 2018	April 9- May 4, 2018 (4 weeks)	\$130
May 4, 2018	May 7 -June 7, 2018 (5 weeks)	\$165



Insurance

The students will now be covered by the school's insurance.

Absences and Withdrawals

Since expenses continue whether or not your child is present, there will be no credits or deductions given for the absence of your child. Please notify the school if your child will be going on vacation or will be absent for a prolonged period of time.

If your child is to be withdrawn from the After School Program, a 2-week notice is needed, and the account **MUST** be paid in full by the time of the withdrawal.

Enrollment

In order to enroll your child in the After School Program, all forms required by state-law must be filled out appropriately, emergency contact and release form must be completed and registration and program payment must be paid in full.

Arrival

After school, students will report to the cafeteria to unite with their After School Leader.

Snacks

The program provides a snack break in the schedule. During this time, the students will receive a light snack (ex: crackers, cookies, chips, etc.) and a juice. Students may bring additional snacks if they wish.

Holidays and Vacation

We will be closed for all school-approved holidays and teacher workdays. There will be no charge for the winter, spring, or summer recess.

Release of Students

Any persons entering the building to pick up a child must show a form of identification. Students will be released only to those individuals whose names are recorded on the students contact cards/enrollment forms. Other persons not on the form will not be able to pick up a student. All persons (including parents/guardians) must have proof of identification to show the aftercare counselor in order for the student to be dismissed. An adult must get off the car and physically pick up the student.



Changes

Somerset Academy South Homestead must be immediately notified of the changes in telephone numbers (home, work, cellular phones), job, family status, custody changes, doctors and authorized persons to pick up your child. This is done for the safety of your child. Please keep us informed.

Medication

The program does not allow administration of any kind of medication. Parents are welcomed to visit the school during operating hours and give the needed medication to their child.

Behavior and Disciplinary Policy

All children will be under the supervision of qualified personnel. Guidelines and rules for the program are the same as the regular school day and are necessary in order to provide a safe learning environment. Students are required to adhere to the same policies and rules set forth in the Somerset Academy South Homestead code of Excellence and the Parent Contract signed by the student's parents at the point of registration. Students who do not follow these rules and guidelines will be asked to withdraw from the program. **After receiving 3 incident reports the student will be withdrawn from the program.**

Home Learning

We understand that home learning is a priority and parents would prefer for their children to complete their assignments during After School Care. However, our counselors are not tutors and unfortunately cannot assist each child on a one-on-one basis. An hour block is set in our schedule where there is no talking and home learning must be completed. Our counselors will review and assist the students to the best of their ability but it is ultimately the parents' responsibility to ensure that the home learning assignments are completed correctly on a DAILY basis.

Late Fees

Late fees will be charged for children remaining after 6:00 pm. The office clock is used to determine lateness. **The late charge is \$ 1.00 per minute past 6:00 pm.** All late fees are due no later than a week from the date in which you were late. It is your responsibility to take care of any late fees. There will be a \$15.00 late fee for late monthly payments. **If you have an outstanding late fee balance, your child will be immediately withdrawn from the program until your balance is paid in full.** We realize that there are emergencies and unexpected situations and your communication and cooperation are greatly appreciated. However, **any child that is picked up after 6:10 pm more than 3 times will be withdrawn from the Program without a refund.** All payments must be made payable to Somerset Academy South Homestead. **ANY PAST DUE BALANCE MUST BE PAID IN FULL PRIOR TO THE END OF THE SCHOOL YEAR.**



Returned Checks

The current bank rate of \$25.00 for Non-Sufficient Funds (NSF) will be charged to the parents of any returned checks. A notice will be sent home advising of the returned check and amount due. Please be advised that once a check is returned as a non-sufficient, all payments must be made in **CASH ONLY**. This is for any and all payments made to Somerset Academy South Homestead

I understand the policies set forth in this Somerset Academy South Homestead After Care Packet and will abide by all the policies. Failure to adhere to the policies as stated in the After Care Packet will result in dismissal from the program.

Student's Name: _____

Grade: _____ **Date:** _____

Parent Name: _____

X

Parent Signature



Somerset Academy South Homestead

After Care Enrollment Form

Participant's Name: _____ Grade: _____

Date of Birth: _____ Age: _____ Sex: _____

Participant's Social Security #: _____ Participant's ID number: _____

Address: _____

City: _____ State: _____ Zip code: _____

Mother's Name: _____ Home #: _____

Place of Employment: _____ Work #: _____

Cell #: _____ E-mail address: _____

Father's Name: _____ Home #: _____

Place of Employment: _____ Work #: _____

Cell #: _____ E-mail address: _____

After Care Emergency Contact

Name of Contact: _____ Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

Doctor's Address: _____

Insurance Company: _____ Policy #: _____

Medical Needs/Allergies:



Person's authorized to pick up:

- | | |
|----------|----------|
| 1. _____ | #: _____ |
| 2. _____ | #: _____ |
| 3. _____ | #: _____ |
| 4. _____ | #: _____ |

Person's NOT Authorized to pick up:

1. _____
2. _____
3. _____
4. _____

RELEASE In case of emergency, I hereby give permission to the physician selected by Somerset Academy South Homestead to order X-rays, routine tests & treatment for the health of my child. In the event I cannot be reached in an emergency, I give permission to the physician selected by Somerset Academy South Homestead to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above. I understand my personal insurance bears responsibility in case of an accident.

Furthermore, I the undersigned, accept all risk incidentals to Somerset Academy South Homestead activities. I do hereby release Somerset Academy South Homestead, its officers and its representatives, from all liabilities deriving from pursuits of said activities by my child. It is further agreed that the Somerset Academy South Homestead assumes no responsibility for loss of participant's personal property.

I give permission for my child to participate in activities. I also give permission to Somerset Academy South Homestead to use any pictures taken of my child for further promotion purposes.

Name: _____

Signature: _____ Date: _____

