

2010-2011 TCMS AFTER-SCHOOL PROGRAM



Program Overview: Terrace Community Middle School (TCMS) After-school Program provides structured activities (snack time, study and tutoring time with after-school assistants, arts & crafts, indoor and outdoor games and values/group time) in a school-based setting. Our program begins as soon as school is dismissed and continues until 6:00 p.m. on all regular school days, including early dismissal days. Please note, however, that we will not offer this program on the last day of school. All students must be picked up at dismissal.

We strive to keep our staff ratio at 1/15. The cost of our program is \$45 per week, or \$10 per day for students who will not be utilizing the program on a regular basis.

Application: a \$40 non-refundable application/membership fee must accompany this application and Contact Information/Emergency Form.

Payments: Payments can be made by check, money order, debit or charge card only. No cash will be accepted. Payments are due on Monday for the week of participation. If you have not paid by 6:00 p.m. on Monday, a \$10 late fee will be charged. The fee of \$45 a week is based on 180 school days. If you have paid for the week and your child is absent, you will not be reimbursed unless your child misses the entire week due to illness. A \$25 fee will be charged for any returned checks. After one (1) returned check, we will only accept your weekly payments by money order, debit or charge only.

Holidays: The After-school Program will not be held on any school holiday or non-student days off (which includes teacher planning days.) Please refer to the school calendar for these days.

Dismissal/Authorized Persons: When an authorized person picks up your child, they MUST: 1) enter the program area, 2) show photo I.D., and 3) sign out the child every day. ONLY those persons listed on the child's emergency card will be authorized to pick up the child. No one else, including family members, is

considered an authorized person. If there is any doubt, phone verification will be made to the child's parent before any child is released. In the event the parent cannot be reached, the child **WILL NOT** be released. Should any authorized person arrive to pick up a child and appear to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but that of contacting the police. Please do not put staff in a position where they have to make this judgment call.

Late pick up: It is important that you make arrangements for your child to be picked up no later than 6:00 p.m. A **LATE FEE** (\$10 per 15 minute intervals) **will be assessed after 6:00 p.m.** REPEATED LATENESS IS CAUSE FOR DISMISSAL FROM THE PROGRAM.

Safety Procedures: Please note there will not be a nurse on the premises during the After-School Program. Children suffering injury at or during the After-School Program will be brought to the Program Director for necessary care, or if the injury appears serious, the child will remain at the scene of the injury and will be given first aid to avoid further injury or complication. The parent or guardian will be notified at the time of the injury or illness and given the option of picking up their child at that time. If not available, the child's physician and/or emergency contact will be notified. In the event of serious injury, fire rescue will be summoned.

Discipline Policy: Children will be required to follow the same rules and responsibilities for conduct as outlined in the TCMS Student Handbook during the After-School Program. The discipline policy outlined in the student handbook will be followed in this program as well.

Medication/Illness: The After-School Program will not dispense medication without written permission from the parent or legal guardian. If your child has a contagious condition (i.e. pink eye, lice, fever, rash, etc.), he/she will not be admitted into the program during that period. You will be required to pick up your child immediately. All medication must be in its original container with the child's name, doctor's name, and dosage.

Staff Transportation: The After-School staff is not authorized or allowed to transport children from the program to another location for any reason.

Contacting the Program Director: If you need to contact the Program Director, please call 813-390-1032. This is the cell phone number that the Program Director will have at all times so you won't have to go through the school office, especially after hours.

Permission for Enrollment and Release of After-School Program From Liability:

I give my permission for my child to participate in the TCMS After-School Program activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for allowing my child to participate in the activities, I understand and expressly acknowledge that I release the Back-to-Basics Charter School Foundation, Inc, TCMS and its After-School Program staff members from all liability for any injury or damage connected in any way whatsoever for participation in the After-School Program activities whether on or off the school premises. I understand that this release includes any claims based on negligence, action or inaction of Back-to-Basics Charter School Foundation, Inc., TCMS, its staff, directors, and guests. I have read and am voluntarily signing this authorization and release.

I have read this form, agree to the terms and conditions set forth therein and grant permission for my child(ren)

to participate in all activities provided by the Terrace Community Middle School After-School Program.

Parent/Guardian Signature:

_____ Date: _____

Staff Signature:

_____ Date: _____

_____ Date: _____

Gary Hocevar, Principal

AFTER SCHOOL CARE PROGRAM CONTACT/EMERGENCY FORM

Name of Student: _____

Grade _____ Homeroom Teacher: _____

Address of Student: _____

Home phone : _____ Cell phone: _____

Mother's name _____ Cell phone: _____

Work Number: _____ Home phone: _____

Father's name: _____ Cell phone: _____

Work Number: _____ Home phone: _____

Persons authorized to pick up student from program: _____

Physician's Name and Phone number: _____

Dentist's Name and Phone number: _____

Hospital Preference: _____

Please list any medical conditions: _____

Date

Signature of Parent