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**BCSC After School Child Care Program
Parent Handbook
2016-2017**

Striving to provide children of area families with a safe and nurturing environment while providing appropriate activities in an after school environment.

Batesville Community School Corporation
After School Child Care Program
Parent Handbook
2016-2017

Contact Information:

Batesville Primary School: 812-934-4509

Program Director:

Melissa Burton 812-934-2195

Email: mburton@batesville.k12.in.us

Program Coordinators:

Kim Hornberger 812-934-4509

812-363-3059 (cell)

Email: khornberger@batesville.k12.in.us

Erin Brittle 812-934-4509

812-621-2668 (cell)

Email: ebrittle@batesville.k12.in.us

Latch Key Location:

Batesville Primary School – 760 State Road 46 West – Batesville, IN 47006

Enrollment:

Parents must enroll their child in the BCSC After School Child Care each Fall. Only those students who are registered may attend the BCSC After School Child Care Program. Prior to enrolling a child, parents should make sure the child's school records are complete and up-to-date, including emergency contacts and health care summary sheets. Please notify the BCSC After School Child Care Program staff in writing of any changes in addresses, phone numbers, health matters, emergency contacts or other pertinent information. Upon enrollment, parents should complete an application to assist us in preparing the best possible program for your child. These forms are available at Batesville Primary School, Batesville Intermediate School, Batesville Middle School and also on the schools websites.

Parents must specify in writing those persons allowed to pick children up from the program. **ONLY THOSE PERSONS SPECIFIED ON THE APPROPRIATE FORM AND HAVING PROPER IDENTIFICATION WILL BE ALLOWED TO PICK UP A CHILD.**

If a parent chooses to terminate child care for any reason, the parent must submit the termination request in writing and provide at least a two week notice. The provider will calculate the balance due/owed accordingly.

Times of Operation:

The Latch Key Program will be in operation 3:00 pm - 6:00 pm on days school is in session. Students at Batesville Middle School and Batesville Intermediate School will ride their regular bus to BPS after school.

Children must be picked up no later than 6:00 pm. A late fee of \$5.00 per 15 minutes may be charged for late pick up. When there is an emergency early dismissal from school, After School Child Care will NOT be

provided. The BCSC After School Child Care Program will be closed when school is closed during the school year.

Fees and Payments:

Registration Fees: There is a \$30 registration fee for each child enrolling in the BCSC After School Child Care Program. There are no additional registration fees for students in the Little Bulldog Academy.

Program Fees: BCSC After School Care Program operates on a prepaid systems. Parents have the option of paying every two weeks, monthly or by semester prior to the days of attendance. Pre-payments are due on the dates listed below. Checks should be payable to BCSC Latch Key Program. Children are allowed to attend on a part-time basis as long as the schedule is consistent each week. Fees are assessed for all days registered regardless of the number of days in attendance. Fees are \$7 per day for the first child and \$6 per day for each additional child in the same household. Preschool children are \$3 per day.

Late Fees: If pre-payment has not been made by 6:00 pm on the days listed below, a late fee of \$10.00 will be assessed. Failure to pay may result in child/children being dismissed from the program and the account being sent to a collection agency.

BCSC After School Care Fees - Biweekly				
<u>Due Date</u>	<u># Of Days in Session</u>	<u>1st Child</u>	<u>2nd Child</u>	<u>Preschooler</u>
July 31		\$30 registration	\$60 registration	-
August 5	8	\$56	\$104	\$24
August 19	10	\$70	\$130	\$30
September 2	10	\$70	\$130	\$30
September 16	9	\$63	\$117	\$27
September 30	10	\$70	\$130	\$30
October 21	10	\$70	\$130	\$30
November 4	10	\$70	\$130	\$30
November 18	10	\$70	\$130	\$30
December 2	7	\$49	\$ 91	\$21
December 16	10	\$70	\$130	\$30
January 6	7	\$49	\$ 91	\$21
January 20	10	\$70	\$130	\$30
February 3	10	\$70	\$130	\$30
February 17	10	\$70	\$130	\$30
March 3	10	\$70	\$130	\$30
March 17	10	\$70	\$130	\$30
April 13	9	\$63	\$117	\$27
April 28	10	\$70	\$130	\$30
May 12	10	\$70	\$130	\$30
TOTALS	180 days	\$1,290	\$2,400	\$540

BCSC After School Care Fees - Monthly				
<u>Due Date</u>	<u># Of Days in Session</u>	<u>1st Child</u>	<u>2nd Child</u>	<u>Preschooler</u>
		\$30 registration	\$60 registration	-
July 31 (Aug. Payment)	16	\$112	\$208	\$48
Aug. 31 (Sept. Payment)	21	\$147	\$273	\$63
Sept. 30 (Oct. Payment)	16	\$112	\$208	\$48
Oct. 31 (Nov. Payment)	19	\$133	\$247	\$57
Nov. 30 (Dec. Payment)	15	\$105	\$195	\$45

Dec. 21 (Jan. Payment)	19	\$133	\$247	\$57
Jan. 31 (Feb. Payment)	20	\$140	\$260	\$60
Feb. 28 (March Payment)	13	\$ 91	\$169	\$39
March 28 (April Payment)	19	\$133	\$247	\$57
April 31 (May Payment)	22	\$154	\$286	\$66
TOTALS	180 days	\$1,290	\$2,400	\$540

BCSC After School Care Fees - Semester				
<u>Due Date</u>	<u># Of Days in Session</u>	<u>1st Child</u>	<u>2nd Child</u>	<u>Preschooler</u>
July 31		\$30 registration	\$60 registration	-
July 31 (Semester 1)	87	\$609	\$1131	\$261
Dec. 21 (Semester 2)	93	\$651	\$1209	\$279
TOTALS	180 days	\$1,290	\$2,400	\$540

Absences:

If a student is absent from school, and therefore absent from the BCSC After School Child Care Program, parents must notify the Program Coordinators by email or cell phone.

Discipline:

The BCSC After School Child Care Program will follow all school rules and regulations. We promote a positive system of child management based on praise, communication, gentle reminders and choices offered to children based on their needs and capabilities. When necessary, a child may be removed from a group for time to settle down or be re-directed to another activity. In some cases the Coordinator may wish to meet with the parents and if the situation persists, the child may be removed from the program.



Batesville Community School Corporation
760 State Road 46 West
Batesville, IN 47006
Phone: (812) 934-4509 | Fax: (812) 933-0936

BCSC After School Child Care Program - 2016-2017 Application Form (Please Print)

1st Child's Name:

First Name: _____ Middle Name: _____ Last Name: _____
Gender: M ___ F ___ Race _____ Birthdate: _____ Age: _____ Grade Attending: _____
School Attending: _____

2nd Child's Name:

First Name: _____ Middle Name: _____ Last Name: _____
Gender: M ___ F ___ Race _____ Birthdate: _____ Age: _____ Grade Attending: _____
School Attending: _____

3rd Child's Name:

First Name: _____ Middle Name: _____ Last Name: _____
Gender: M ___ F ___ Race _____ Birthdate: _____ Age: _____ Grade Attending: _____
School Attending: _____

Parent or Guardian Information (Information will be used for accounting questions, emergencies and pick-up verification)

Parent/Guardian #1:

Name: _____ Relationship to child: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Employer: _____ Work Phone: _____

Parent/Guardian #2:

Name: _____ Relationship to child: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Employer: _____ Work Phone: _____

Please list additional names & phone numbers of people (minimum of 2) to contact in an emergency and /or names of persons authorized to pick up child/children. Anyone picking up your child must be 18 years of age and will be required to have photo identification. Changes to this list must be done in writing by the parent/guardian whose signature-appears on this registration form.

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Does your child have any physical conditions, allergies, special needs or require any special attention that we should know about?

*** Name of Child #1:** _____

Allergies: _____

Medications (include all medicines plus instructions if medication to be given during Latch Key times): _____

Physical Conditions: _____

Other Needs: _____

*** Name of Child #2:** _____

Allergies: _____

Medications (include all medicines plus instructions if medication to be given during Latch Key times): _____

Physical Conditions: _____

Other Needs: _____

* **Name of Child #3:** _____

Allergies: _____

Medications (include all medicines plus instructions if medication to be given during Latch Key times): _____

Physical Conditions: _____

Other Needs: _____

Please return your signed registration form when you register or to:
Batesville Primary School - 760 State Road 46 West - Batesville, IN 47006

The Parent or Legal Guardian listed is responsible for payment of any and all fees associated with the Latch Key Program. The cost is \$7.00 per day for 180 days. Each additional student in the same household is \$6.00 per day for 180 days. Late fees WILL be assessed if fees are not paid on schedule. Failure to pay may result in child/children being dismissed from the program and the account being sent to a collection agency.

Parent Authorizations:

Emergency Authorizations: I hereby give permission for emergency transportation to the nearest hospital and the medical personnel selected by the staff of Batesville Community School Corporation to order x-rays, routine tests and treatment for my child/children listed above. In the event I am not able to communicate or cannot be reached in an emergency, I hereby give the physician selected by the staff of Batesville Community School Corporation permission to hospitalize, secure proper treatment for, and order injections and or anesthesia and/or surgery for my child/children listed above. I will fully be responsible for any costs for such treatment, even if not covered by insurance.

Liability Statement: I, the undersigned, as the parent/guardian of the child/children listed above, give permission for my child/children to participate in the Batesville Community School Corporation Latch Key Program and hereby assume full responsibility for all risk of injury, which may result from my child/children's participation in activities during this program.

Parent Authorization: I hereby do declare my child/children to be physically sound, having medical approval to participate in the activities at Latch Key. This information is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I certify that my child/children are amendable to behavior management and free from habits or attitudes, which make him/her unable to participate. I have studied the fee information and understand the content thereof. I, the undersigned, give my permission for the above-mentioned child/children to participate fully in the Latch Key Program.

I certify that I am the parent or legal guardian of the child/children listed on this registration form and I have the legal authority to make representations and grant authorizations contained herein. I also understand the payment options. I understand late fees will be assessed if I do not pay prior to the week my child is attending the program.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Phone number where you can be reached: _____

BCSC After School Child Care Program

Schedule of Attendance

(Please fill out an attendance sheet for each child enrolled. Cost is based on 180 days regardless of attendance.)

PLEASE PRINT!

Student's Name: _____ Student's Grade for 2016-17: _____

Please check all those that apply:

Student will attend the following days:

Monday Tuesday Wednesday Thursday Friday

Payment Method:

Bi-weekly Monthly Semester

Please list approximate times student will be picked up:

Possible pick up time: _____

If different for different days of the week please explain: _____

Parent/Guardian Name

Phone number

BCSC After School Care Fees for Families with Three Students

BCSC After School Care Fees - Biweekly				
<u>Due Date</u>	<u># Of Days in Session</u>	<u>1st Child</u>	<u>2nd Child</u>	<u>3rd Child</u>
July 31		\$30 registration	\$60 registration	\$70 registration
August 5	8	\$56	\$104	\$128
August 19	10	\$70	\$130	\$160
September 2	10	\$70	\$130	\$160
September 16	9	\$63	\$117	\$144
September 30	10	\$70	\$130	\$160
October 21	10	\$70	\$130	\$160
November 4	10	\$70	\$130	\$160
November 18	10	\$70	\$130	\$160
December 2	7	\$49	\$ 91	\$112
December 16	10	\$70	\$130	\$160
January 6	7	\$49	\$ 91	\$112
January 20	10	\$70	\$130	\$160
February 3	10	\$70	\$130	\$160
February 17	10	\$70	\$130	\$160
March 3	10	\$70	\$130	\$160
March 17	10	\$70	\$130	\$160
April 13	9	\$63	\$117	\$144
April 28	10	\$70	\$130	\$160
May 12	10	\$70	\$130	\$160
TOTALS	180 days	\$1,290	\$2,400	\$2950

BCSC After School Care Fees - Monthly				
<u>Due Date</u>	<u># Of Days in Session</u>	<u>1st Child</u>	<u>2nd Child</u>	<u>3rd Child</u>
		\$30 registration	\$60 registration	\$70 registration
July 31 (Aug. Payment)	16	\$112	\$208	\$256
Aug. 31 (Sept. Payment)	21	\$147	\$273	\$336
Sept. 30 (Oct. Payment)	16	\$112	\$208	\$256
Oct. 31 (Nov. Payment)	19	\$133	\$247	\$304
Nov. 30 (Dec. Payment)	15	\$105	\$195	\$240
Dec. 21 (Jan. Payment)	19	\$133	\$247	\$304
Jan. 31 (Feb. Payment)	20	\$140	\$260	\$320
Feb. 28 (March Payment)	13	\$ 91	\$169	\$208
March 28 (April Payment)	19	\$133	\$247	\$304
April 31 (May Payment)	22	\$154	\$286	\$352
TOTALS	180 days	\$1,290	\$2,400	\$2,950