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# **BCSC After School Child Care Program Parent Handbook 2019-2020**

*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**  
**2019-2020**

**Contact Information:**

Batesville Primary School: 812-934-4509

**Program Coordinator:**

Tracy Jacobs 812-212-4002

Email: [tjacobs@batesville.k12.in.us](mailto:tjacobs@batesville.k12.in.us)

**Principal:**

Brad Stoneking. 812-934-4509

Email: [bstoneking@batesville.k12.in.us](mailto:bstoneking@batesville.k12.in.us)

**Treasurer:**

Tricia Perdue 812-934-4509

Email: [tperdue@batesville.k12.in.us](mailto:tperdue@batesville.k12.in.us)

**Director:**

Melissa Burton 812-934-2194

Email: [mburton@batesville.k12.in.us](mailto:mburton@batesville.k12.in.us)

**After School Child Care Location:**

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

**Enrollment:**

Enrollment into BCSC After School Child Care is open for children in Kindergarten thru 6<sup>th</sup> grade. Children enrolled in Little Bulldog Academy may also attend. 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 the attached application to assist us in preparing the best possible program for your child.

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 use of the BCSC After School Child Care for any reason, the parent must submit a termination request in writing and provide at least a two week notice. The balance due/owed will be calculated accordingly.

## **Times of Operation:**

The After School Child Care Program will be in operation 3:00 pm - 6:00 pm on days school is in session. Students at Batesville Middle School, Batesville Intermediate School, and St. Louis 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. If a second child from the same family is enrolled, the registration fee is \$20, registration fee for each child of the same family after the second child is \$10 per child. There are no additional registration fees for students in the Little Bulldog Academy Preschool.

**Program Fees:** BSCS After School Care Program operates on a prepaid system. 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 After School Child Care 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 \$4 per day for the second child and \$3 per day for each additional child in the same household. Little Bulldog Academy 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.

<b>BCSC After School Care Fees - Biweekly</b>					
<b><u>Due Date</u></b>	<b><u># Of Days in Session</u></b>	<b><u>1st Child</u></b>	<b><u>2nd Child</u></b>	<b><u>3rd Child</u></b>	<b><u>Preschooler</u></b>
July 31		\$30 registration	\$50 registration	\$60 registration	-
August 2	8	\$56	\$88	\$112	\$24
August 16	10	\$70	\$110	\$140	\$30
August 30	8	\$56	\$88	\$112	\$24
September 13	10	\$70	\$110	\$140	\$30
September 27	10	\$70	\$110	\$140	\$30
October 11	5	\$35	\$55	\$70	\$15
October 25	10	\$70	\$110	\$140	\$30
November 8	10	\$70	\$110	\$140	\$60
November 22	7	\$49	\$77	\$98	\$21
December 6	10	\$70	\$110	\$140	\$30
December 20	10	\$70	\$110	\$140	\$30
January 17	9	\$63	\$99	\$126	\$27
January 31	10	\$70	\$110	\$140	\$30
February 14	9	\$63	\$99	\$126	\$27
February 28	10	\$70	\$110	\$140	\$30
March 13	9	\$63	\$99	\$126	\$27
April 3	8	\$56	\$88	\$112	\$24

April 17	10	\$70	\$110	\$140	\$30
May 1	9	\$63	\$99	\$126	\$27
May 15	8	\$56	\$88	\$112	\$24
<b>TOTALS</b>	<b>180 days</b>	<b>\$1,290</b>	<b>\$2,030</b>	<b>\$2,580</b>	<b>\$540</b>

<b>BCSC After School Care Fees - Monthly</b>					
<b><u>Due Date</u></b>	<b><u># Of Days in Session</u></b>	<b><u>1st Child</u></b>	<b><u>2nd Child</u></b>	<b><u>3rd Child</u></b>	<b><u>Preschooler</u></b>
July 31		\$30 registration	\$50 registration	\$60 registration	-
July 31 (Aug. Payment)	18	\$126	\$198	\$252	\$54
Aug. 30 (Sept. Payment)	19	\$133	\$209	\$266	\$54
Sept. 30 (Oct. Payment)	18	\$126	\$198	\$252	\$54
Oct. 31 (Nov. Payment)	18	\$126	\$198	\$252	\$57
Nov. 26 (Dec. Payment)	15	\$105	\$165	\$210	\$42
Dec. 20 (Jan. Payment)	19	\$133	\$209	\$266	\$60
Jan. 31 (Feb. Payment)	19	\$133	\$209	\$266	\$60
Feb. 28 (March Payment)	16	\$112	\$176	\$224	\$33
March 31 (April Payment)	20	\$140	\$220	\$280	\$63
April 30 (May Payment)	18	\$126	\$198	\$252	\$63
<b>TOTALS</b>	<b>180 days</b>	<b>\$1,290</b>	<b>\$2,030</b>	<b>\$2,580</b>	<b>\$540</b>

<b>BCSC After School Care Fees - Semester</b>					
<b><u>Due Date</u></b>	<b><u># Of Days in Session</u></b>	<b><u>1st Child</u></b>	<b><u>2nd Child</u></b>	<b><u>3rd Child</u></b>	<b><u>Preschooler</u></b>
July 31		\$30 registration	\$50 registration	\$60 registration	-
July 31 (Semester 1)	88	\$616	\$968	\$1,232	\$264
Dec. 20 (Semester 2)	92	\$644	\$1012	\$1,288	\$276
<b>TOTALS</b>	<b>180 days</b>	<b>\$1,290</b>	<b>\$2,030</b>	<b>\$2,580</b>	<b>\$540</b>

### **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. Fees are still charged when a child is absent from a scheduled day at the BCSC After School Child Care Program.

### **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. Infractions may be given if inappropriate behavior persists. The infraction slip will be given directly to the parent by the Coordinator. Once a child has received 10 infractions a meeting will be conducted with the program Coordinators, the program Director and parents of the child. A discipline plan may be made, and in some cases the child may be removed from the BCSC After School Care 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 - 2019-2020 Application Form (Please Print)

### 1<sup>st</sup> Child's Name:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Race \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Attending: \_\_\_\_\_

School Attending: \_\_\_\_\_

### 2<sup>nd</sup> Child's Name:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Race \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Attending: \_\_\_\_\_

School Attending: \_\_\_\_\_

### 3<sup>rd</sup> 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 After School Child Care times): \_\_\_\_\_

Physical Conditions: \_\_\_\_\_

Other Needs: \_\_\_\_\_

**\* Name of Child #2:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications (include all medicines plus instructions if medication to be given during After School Child Care times): \_\_\_\_\_

Physical Conditions: \_\_\_\_\_

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Other Needs: \_\_\_\_\_

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\* **Name of Child #3:** \_\_\_\_\_

Allergies: \_\_\_\_\_

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Medications (include all medicines plus instructions if medication to be given during After School Child Care times): \_\_\_\_\_

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Physical Conditions: \_\_\_\_\_

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Other Needs: \_\_\_\_\_

Please return your signed registration form 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 After School Child Care Program. The cost is \$7.00 per day for 180 days. Each additional student in the same household is \$4.00 per day for 180 days. The cost for each additional student in the same household is \$3.00 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 be fully 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 After School Child Care 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 After School Child Care. 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 BCSC After School Child Care 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.**

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Printed Name of Parent or Legal Guardian

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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 2019-20: \_\_\_\_\_

**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: \_\_\_\_\_

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\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Phone number