

WELCOME TO THE CHAPEL HILL ELEMENTARY AFTER SCHOOL PROGRAM

Chapel Hill Elementary has participated in the After School Program for several years. Our program provides quality care in the safety of the school environment. Our programs consists of one hour of structured homework Mon. – Thurs., planned activities in PE and art, planned activities such as, reading time, arts & craft time, movie time, and play time. Fridays are usually free time, so we have structured activities for all students.

There is a one-time registration fee of \$10.00 per family. The After School Program costs \$8.00 a day per child. The hours of operation are 2:45 p.m. through 6:00 p.m. All students must be picked up **no later than** 6:00 p.m. **Students must register for the program before they can participate.** Drop-ins are welcome for registered participants. Registration forms will be available in the office.

We would enjoy having your children in our program.

Thank you for your participation,

Leanne DeMoss, After School Program Director
Cindy Forrest, After School Program Bookkeeper

Douglas County School System

After School Program (ASP)

School: _____

Dear Parents,

Welcome to the Douglas County School System (DCSS) After School Program (ASP)! The mission of DCSS is to provide a quality education for all students in a safe, supportive environment. Please read the following ASP guidelines before signing.

- 1) **Only children in grades K-5th are allowed to enroll in the ASP at the school they attend. A \$10 registration fee per family is due upon registration.**
- 2) **ASP is a PREPAID program.** Payment is due by Friday of each week for the next week. The fee is \$8.00 per day per child. Credits to your account will be carried over to the next week. Payments must be made in the form of cash, check or money order. If payments are not made in advance, your child will not be allowed to stay in the After School Program. The last two weeks of school must be paid in advance on a cash only basis.
_____ Parent Initial
- 3) The program hours are 2:45 - 6:00 p.m. The program does not operate on school holidays or during summer break. Your child must be picked up no later than 6:00 p.m. each day or a late-fee of **\$1.00 per minute per family charged after 6:00 p.m. Payment is expected on arrival. YOUR CHILD COULD BE WITHDRAWN FROM THE PROGRAM AFTER THREE LATE PICK UPS.**
- 4) ASP accepts checks, money orders, or exact change only. All checks should be made payable to _____ **School.** Submit ASP payments using official DCSS ASP payment envelop. The envelope must be completed in its entirety, including your child's name, teacher's name and grade. Lunch money and other school payments cannot be included in the ASP payment. Change will not be given under any circumstance. Any funds left in the account will be credited to the next week. Also, credits will be carried over to the next school year, if necessary. All refunds must be requested in writing, allowing a two-week processing period. **Payments must be made in cash during the last two weeks of the school year.**
- 5) A copy of your child's ASP account activity and/or tax statements can be provided as necessary. All requests for documentation must be submitted in writing. Please allow two-weeks to process all requests for documentation.
- 6) **A \$30.00 fee will be charged for returned checks.** Payment must be made immediately upon notification of such. If a returned check results in a deficit balance in your child's account, they can be suspended from the program until the deficit balance has been resolved. A returned check can result in being placed on a "cash only" basis for the remainder of the school year.
- 7) Anytime there is a change in your child's ASP attendance, **written notice stating** the necessary change is required. Example: Your child normally stays every day; however, you decide they will be a car or bus rider the next day; you must prove written notice to the office indicating such. Otherwise, your child will stay in the program. This is a safety precaution for your child.
- 8) Only individuals designated on the ASP registration forms will be allowed to check-out your child. Once the program begins, a written request must be submitted to add/remove an individual to your child's approved "check-out" list. This is for the protection of your child. **IDENTIFICATION WILL BE REQUIRED when checking out your child.** You must sign out your child each day.

Douglas County School System

After School Program (ASP)

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- 9) If a child is not picked up by the stated program end time of 6:00 p.m. and no contact with the parent, guardian, or emergency contact has/can be made, the school will contact local law enforcement or a school social worker to report child abandonment. Frequent late pick up could be considered child abandonment.
- 10) The After School Program is a privilege and your child is expected to be respectful of other people and property. Your child is expected to follow the same rules that apply during the regular school day. Inappropriate behavior may result in suspension and/or withdrawal from the program. You will receive a discipline notice anytime there is unacceptable behavior. When your child receives a discipline notice, they may be suspended from the ASP program until a parent conference is held. Your child will be withdrawn from the program following the 3rd discipline notice.
- 11) If school is closed due to inclement weather or any other reason, the ASP will also close. In this case, the school will follow the transportation instructions provided by the parent/guardian in the ASP registration documentation.
- 12) Student pickup: All parents are required to check their child out of the program each day. At that time, ASP staff will call your child to the office for pick-up. If you have other business in the school, please sign the visitors log and obtain a visitors badge.
- 13) Students may be suspended or withdrawn from the ASP for the following reasons:
 - A. Excessive late pick ups
 - B. Discipline problems
 - C. Nonpayment of ASP fees or excessive late payments

The after school programs in Douglas County School System is registered with Bright from the Start through the Georgia Department of Early Care and Learning. We are exempt from licensure and a letter of exemption is posted in the school office or after school room.

I have read and understand the policies and procedures concerning payments, later fees, and discipline concerning my child. I assume responsibility for timely payments, punctual pick up and updating program registration information as needed.

I am the custodial parent / legal guardian of _____ and the person who registered this child for school. (Child's Name)

Name of Child: _____
(Please Print)

Name of Parent / Guardian: _____
(Please Print)

Signature of Parent / Guardian: _____ Date: _____

School: _____

Sign Out Alert _____

Grade: _____

Douglas County School System

2018-2019 After School Program (ASP) Registration Form

Please print

Student's Name: _____ Homeroom Teacher: _____
(Last) (First)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: () _____ Gender: Male Female Date of Birth: _____
(Please circle)

Mother / Guardian: _____ Cell Phone: () _____

E-Mail Address: _____ Work Phone: () _____

Father / Guardian: _____ Cell Phone: () _____

E-Mail Address: _____ Work Phone: () _____

Primary contact in case of emergency: _____ Phone Number: () _____

Alternate emergency contact : _____ Phone Number: () _____

The following people may pick up my child from ASP (picture ID required)

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Pickup Restrictions:

If you do not want a specific person to pick up your child, indicate their name (s) below: Legal documentation must be attached

1) _____ 2) _____ 3) _____

Note: It is the responsibility of the custodial parent to notify the After School Program if non-custodial parent does not have permission to check-out the student.

If school should close due to weather or any other reason, please have my child:

Ride the Bus Car Rider with: _____ Other: _____

Medical Information or Special Instructions: _____

Parent / Guardian Signature: _____ Date: _____