Lancaster County Parks and Recreation
Heath Springs Elementary School
2016-2017 After School Program Information
K-6th Grade

After School Program Supervisor: **Mike Barnes**
Office: 803-285-5545 Cell: 803-235-0421
Email: mbarnes@lancastercountysc.net

Heath Springs Site Supervisor: **Amy Minelli**
Cell: 803-577-4650
Email: hsasp@lancastercountysc.net

Hours of Operation: Program opens when school is out until 6:00 p.m.

Days of Operation: Open every day school is in operation and during Christmas and spring breaks. Children who attend another after school program may **NOT** attend during school closings.

Daily Schedule:
1. Homework time – We do NOT provide tutoring services.
2. Snack time – Snacks are provided.
3. Free time – free play, games, crafts, etc.

Daily Rates: After School
1st child - $10/day
- $6/day for each additional child

Partial Day After School (**early dismissal)**
1st child- $11/day
- $7/day for each additional child

All Day Program During School Closings (Program Hours 6:30 a.m. – 6 p.m.)
1st child - $12/day
- $8/day for each additional child

***You only pay for the days your child attends the program.**

Initial in these areas (_____) No check marks.

NOTE: Any child who is in the program until 2:15 p.m. will be charged for a full day of attendance.

Payment: Payment for services rendered must be paid weekly on the last day of the week your child attends the program. If you fail to pay during the current week and wait until Monday of the following week, you will be charged a **$10 late fee**. If your child doesn't attend the program on Friday, and you have not paid for that week, it is **YOUR** responsibility to make payment by 6 p.m. **We do NOT accept biweekly or monthly payments unless they are paid on advance. We accept credit card payments at www.MyLancasterSCpmts.org. (Click on After School/Summer Day Camp Fees.) No excuses or exceptions.** (____)

We are **NOT** responsible for payments sent by your child to school. We do not search book bags for payments.

Problems with Payment: If you fail to make your payment with the late fee by Monday, your child **will NOT be allowed to return to the program until the amount is paid in full.** If you send your child to the program when we have **NOT** received full payment, we will not accept your child into the program and we will send them back to the school. (____)

Balance Due/Advance Payment: If you take your child out of the program for more than two weeks and do not pay your balance before departure, you will be required to pay the amount plus late fees in full **PLUS all FUTURE payments must be made in ADVANCE with cash or money order** in order for your child to return to the program. If you do not pay for services in advance your child will not be allowed to return to the program. (____)

Insufficient Funds: If we receive a check for insufficient funds you must pay the amount plus a $30 returned check fee. Your child will not be allowed to attend the after school program until this amount has been paid in full. **PLUS all future payments must be made in advance with cash or money order.** If you do not pay for services in advance your child will not be allowed to return to the program. (____)

Failure to Make Payment: If you do not return to our program and have an outstanding balance, your child will not be allowed to participate in any LCPR sports programs until the amount owed to the after school program is paid in full. (____)

Credit Card Payments: We accept credit card payments at www.MyLancasterSCpmts.org. You must check with your site supervisor to see how much you owe before you call. (_____)

Late Pick-Up Fee: A fee will be assessed to your account at the rate of $5 for every five minutes you're late picking up your child. If lateness becomes a recurrent problem, program services may be terminated. (____)

Child Pick-up: You **MUST** sign your child out of the program every day before your child may leave the program. In the case of divorced or separated parents, we must release the child to either parent, unless the custodial parent has a court order concerning visitations or pick-up. In that case, the parent must provide the site coordinator with a copy of that court order. The parent must provide clear notification in writing of anyone who is prohibited from picking up or seeing his/her child. (____)

Medication: All medication must be provided by the parent and it must be in its original container with complete dosage directions. A "Permission to Administer Medication" form must be completed by the parent. LCPR does not provide medicine for headaches, stomachaches, etc. (____)

Disciplinary Procedure: Children who have disciplinary problems or commit a serious disciplinary offense in the ASP or summer camp will receive a Conduct Report or Write-up. If a child gets three write-ups during any 12-month period, he/she will be suspended from the program for 1-5 days depending on the nature of the offense. A parent is required to sign the Write-up acknowledging he/she has received notice regarding his/her child's behavior and they may be getting close to suspension or expulsion from the program. Refusal to sign the write-up does not invalidate the write-up. **A child may be expelled permanently from the program if he/she receives a fourth conduct report during a 12-month period. (_____)**

A child may be immediately suspended or expelled from the program without prior discussion with a parent for severe offenses such as: Fighting, hitting, biting, stealing, assaulting staff, racial harassment, verbal or sexual harassment, profanity, uncontrollable behavior which could lead to injury to self or others, etc. LCPR has a 0% tolerance for fighting; therefore every child involved in a fight will receive disciplinary action. (_____)

Electronic Devices: Children **may NOT** bring electronic devices to the program that are capable of internet access and/or have a built-in camera. If they bring them to the after school program and are caught using them during program hours, they will be confiscated and returned when the child gets ready to leave for the day. Cell phones, game boys, PS2, DVD, and digital music players are not allowed. Devices such as iphones, ipads, and any device that takes pictures are not allowed. **Failure to adhere to this policy can result in expulsion from the program.** (_____)

Parent Conduct: We may suspend or terminate services for any conduct by the parent or representative of the parent we believe is abusive, derogatory, or similarly unreasonable with ANY LCPR representative. We do not have a problem discussing any concern you may have but only in a professional and calm manner. (_____)

Holidays: The program will be closed on the following days: Labor Day, Thanksgiving (11/24 11/25), Christmas (12/23, 12/26, 12/27), New Year's Day (1/2), Martin Luther King Day, and Easter Monday (4/17).

Authorization for Release of Pictures/Videotape

I, for myself, my spouse, my child, and on behalf of my heirs, assign, personal representative, and next of kin, such participant's likeness may be photographed or videotaped, and that such image may be published in an outlet used to promote or publicize the program**. _____ (initial**)

I fully understand and agree to comply with all of the policies and procedures stated in this document. I completely understand these policies and procedures are not negotiable.

_____ _____

Parent Signature Date

LANCASTER COUNTY PARKS AND RECREATION
HEATH SPRINGS ELEMENTARY AFTER SCHOOL PROGRAM
REGISTRATION FORM

CHILD'S NAME:_____

SEX:_____ DOB:_____ AGE:_____ GRADE:_____

MAILING ADDRESS:_____

CITY_____ STATE_____ ZIP_____

ATTENDS SCHOOL AT:_____EMAIL:_____

PARENTS OR LEGAL GUARDIANS WITH WHOM CHILD RESIDES

NAME (MALE):_____

HOME #:_____WORK#:_____CELL#_____

PLACE OF EMPLOYMENT:_____

NAME (FEMALE):_____

HOME#:_____WORK#:_____CELL#_____

PLACE OF EMPLOYMENT:_____

FAMILY STATUS: MARRIED SINGLE SEPARATED DIVORCED If Divorced who has custody? _____

EMAIL: _____

PERSONS OTHER THAN PARENTS/LEGAL GUARDIANS AUTHORIZED TO PICK UP YOUR CHILD: (LIST IN ORDER OF WHO TO CALL WHEN YOU CANNOT BE REACHED)

NAME:_____PHONE#:_____CELL#_____

NAME:_____PHONE#:_____CELL#_____

NAME:_____PHONE#:_____CELL#_____

SPECIAL INSTRUCTIONS:_____

MEDICAL INFORMATION/ALLERGIES, ETC._____

IS YOUR CHILD CURRENTLY TAKING MEDICATION ON A REGULAR BASIS? YES NO IF YES PLEASE LIST MEDICATIONS:_____

INSURANCE NOT PROVIDED. IT IS AVAILABLE FOR $7.00 per calendar year.

ALL CHILDREN ARE REQUIRED TO FOLLOW THE RULES AND INSTRUCTIONS OF THE CAREGIVERS. CHILDREN WHO CONSTANTLY MISBEHAVE MAY BE ASKED TO LEAVE THE PROGRAM. **FAILURE TO PAY FOR SERVICES RENDERED IN A PROMPT MANNER WILL RESULT IN CHILD BEING SUSPENDED FROM PROGRAM UNTIL AMOUNT DUE IS PAID IN FULL.**

PARENT SIGNATURE:_____DATE:_____

EMERGENCY MEDICAL TREATMENT

I hereby give permission that my child, _____, may be given emergency treatment by a staff member at the after school program site. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment. In the event that I cannot be contacted immediately, medical treatment can be administered to my child in the case of an accident or emergency, as prescribed by the physician.

I understand that I am fully responsible for all medical payments to the doctors and hospital.

_____ _____

Parent signature Date

LCPR BUS TRANSPORTATION PARENTAL CONSENT FORM

As the parent/legal guardian of _____, I give
(Child Name)

my permission to Lancaster County Parks and Recreation permission to transport my child via bus to field trips throughout the year.

I agree to hold harmless Lancaster County Parks and Recreation and the bus driver, should any accident occur.

_____ _____

Signature Parent/Legal Guardian Date

DISABILITY DECLARATION

DOES YOUR CHILD HAVE A DISABILITY? YES NO

IF YES, WHAT IS HIS/HER DISABILITY?_____

_____

DOES YOUR CHILD ATTEND A SPECIAL EDUCATION CLASS AT SCHOOL? YES NO

DOES YOUR CHILD TAKE MEDICATION FOR HIS/HER DISABILITY? YES NO

IF YES, PLEASE LIST THE MEDICATION(S):_____

_____

DOES YOUR CHILD REQUIRE A SPECIAL ACCOMODATION? YES NO

IF YES, WHAT IS THE ACCOMODATION?_____

_____

_____

Email address:_____

I declare the above information is true and correct _____
Parent Signature

_____
Date