

THOMAS HART ACADEMY After School Program

Overview:

The After School Program (ASP) at Thomas Hart Academy is designed to provide organized, supervised care and activities for kindergarten through grade 8. ASP is directed and supervised by qualified and caring individuals who actively promote each child's development and growth. The program is open daily, Monday-Friday, from 2:45-6:00 pm. The ASP operates for the 36 weeks that school is in session. If the school is closed for a national holiday, the ASP will be closed also. ASP will be open, however, on teacher workdays if the minimum number of students attending is met. In order to participate in the ASP, students must be enrolled full time at THA and current with payment of all tuition and fees. Thomas Hart Academy's After School Program has been granted a "child care license" by the Department of Social Services indicating that the program has met all requirements and standards set forth by the State of South Carolina. The license was issued on June 19, 2018 and expires on June 19, 2020. All childcare teacher/assistants are fully qualified as they meet all DSS requirements.

Program and Fees:

Parents will be billed monthly for any ASP charges incurred. The program will start after the regular school day has ended. Students will have a snack, do homework and then follow a regular schedule of outdoor play, arts and crafts, music, games, computer time, an occasional movie, and other supervised activities.

The flat daily fee is \$7 for the first hour or less (2:45-4:00). Beginning at 4:01 the flat daily rate increases to \$16. This rate is until 6pm. **All children must be picked up no later than 6:00pm.** **At 6:01 a tardy fee of \$2 per minute per child will be accessed.** We understand that circumstances happen however, out of consideration of our ASP employees we need to be conscious of our time.

Homework hour is available after school for 6th through 8th grades. The cost for this is \$7 per day.

Registration:

Registration and authorization forms must be completed and in possession of the Director prior to any student participating in the After School Program.

Supplies for Students:

The ASP will provide a snack for each child. Snacks are a choice of salty or sweet and a cup of juice. If your child has special dietary needs, please contact the Director. Children may bring their own individual snack or a snack to share.

A complete change of clothing in a Ziploc bag is required for K3 through grade 1 students. Please label all items with the child's name.

A "wish list" will be included in the ASP registration packet. This is simply a list of items the staff would like to have to share with all the children. The wish list is voluntary and is provided so parents know what to give to the program if they wish to do so.

Required Forms:

There are a number of forms which must be completed and on file with the Director prior to a child participating in the program. This is a DSS regulation.

Questions and Additional Information:

Additional information may be obtained and questions answered by calling the school office (843-332-4991).

Thomas Hart Academy: After School Program
Parent Agreement Form (2018-2019)

Please ***initial*** each of the following to indicate that you have read and agree with each of the statements listed below.

I fully understand and agree that ...

- _____ 1. The ASP will be billed on your monthly statement.
- _____ 2. The ASP will be open from 2:45 until 6:00 pm for children enrolled in grades K3 -8 at Thomas Hart Academy.
- _____ 3. Each child must be toilet trained before attending the ASP.
- _____ 4. The ASP will be closed on the following observed holidays: Labor Day, Thanksgiving Vacation, Christmas Vacation, Martin Luther King Holiday, and Spring Vacation
- _____ 5. A **late fee** of \$2 per minute will be charged for pick up after 6:00. This fee applies to **each** child that is picked up late.
- _____ 6. Each child in K3-grade 1 is required to have a change of clothing that is left with the ASP Director to be used for emergencies. Clothing must be labeled and placed in a zip lock bag. The ASP is not responsible for lost clothing.
- _____ 7. A parent will be called to pick-up his child should he become ill. It is understood that the child will not return to the ASP until the illness has passed.
- _____ 8. Children with homework will be encouraged to work on it during ASP. Students with homework will be supervised and offered help when necessary.
- _____ 9. Disciplinary measures used for inappropriate behavior are outlined in the Student Handbook. Parents are referred to the Handbook for an explanation of disciplinary procedures.
- _____ 10. The ASP staff is not responsible for changing a child's clothing for any reason other than the clothes have become soiled or torn or that a health concern is being caused by a particular article of clothing.

- _____ 11. In the event of an emergency, the ASP has my permission to administer first aid or obtain medical assistance. I agree to pay all expenses incurred due to an emergency involving my child.
- _____ 12. The ASP has my permission to administer prescription medication as directed by the parent or family physician. A written note must be given to the Director before medication will be given.
- _____ 13. My child may bring G-rated movies/DVDs to the ASP.
- _____ 14. No violent video games are allowed. This includes games on personal handheld systems.
- _____ 15. The ASP Program and staff are not responsible for lost, stolen or damaged gaming systems, tablets or any personal electronic device.
- _____ 16. The ASP Program and staff are not responsible for any lost, stolen or damaged personal property. You bring at your own risk. Mark all items accordingly.

Signature

Date

Thomas Hart Academy: After School Program
Emergency Form

Student Name _____ Grade _____

Address _____ City _____ Zip _____

Home Telephone _____ Date of Birth _____ SSN# _____

Mother _____ Employer _____

Work # _____ Cell # _____ Beeper # _____

Father _____ Employer _____

Work # _____ Cell # _____ Beeper # _____

Please list a code word that only the people authorized to pick your up will know.

Code Word _____

List 2 friends or relatives who will assume temporary care of your child if you cannot be reached

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

In case of serious accident or illness, I request that ASP contact me. If the ASP is unable to contact me, I hereby authorize the ASP to call the physician and make whatever arrangements seem necessary. In case of hospitalization, indicate the following:

Hospital Preferred _____

Physician _____ Office # _____

Student's Insurance Company _____ Policy # _____

List allergies and/or other medical conditions on back:

May Tylenol/Acetaminophen be given? Yes _____ No _____

May Ibuprofen be given? Yes _____ No _____

I, _____, understand that the faculty and staff of the Thomas Hart Academy and the After School Program will not participate in corporal punishment in any form.

Parent/Guardian Signature _____ Date _____

South Carolina Department of Social Services
Child Care Regulatory Services

GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION TO CHILD CARE FACILITY

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____ Select County ...

Address: _____
Street Address - no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

_____ Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

_____ Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility FROM _____ am/pm TO _____ am/pm

If Child is a drop-in, indicate hours of care: FROM _____ am/pm TO _____ am/pm

Check all days Child will regularly attend this facility: Mon Tue Wed Thurs Fri Sat Sun

Check all meals Child will receive daily: Meals are not offered Breakfast Morning Snack Lunch

Afternoon Snack Dinner Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

_____ Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

_____ Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee

PARENT'S AUTHORIZATION FORM

THOMAS HART ACADEMY

Child's Name _____ Grade _____

A. DISCIPLINE

Do you understand the disciplinary policy of the school? _____ YES _____ NO

Does this day care use corporal punishment as discipline? _____ YES _____ NO

If so, do you give your permission for the staff to spank your child?

_____ YES _____ NO _____ N/A

****It is not the policy of Thomas Hart Academy to use corporal punishment***

Signature

Date

B. MEDICINE

I give permission for prescription and non-prescription medicine to be given to my child.

Signature

Date

C. EMERGENCY MEDICAL TREATMENT

I give permission to Thomas Hart Academy to obtain emergency medical treatment which may include transportation.

Signature

Date

D. PERSONS AUTHORIZED TO TAKE MY CHILD FROM THOMAS HART ACADEMY

1. _____

2. _____

3. _____

4. _____

Signature

Date

E. TRANSPORTATION

I give permission for my child to be transported to and from the school field trips.

Signature

Date