



*A Ministry of East Memorial Baptist Church*

School Year 2018-2019

## Extended Care After School: K4-5<sup>th</sup> Grade

Pre Care  
Before School: K4 – 12<sup>th</sup> grade



### Information Policies and Procedures

#### Hours of Operation

Morning Session	7:00 – 7:30 A.M.
Afternoon Session	3:15 – 6:00 P.M.

**NOTE:** Extended care will adhere to EMCA school calendar and will only be available when school is in session. Morning session will not be available when school is closed for inclement weather. Afternoon session will not be available when school is dismissed before 1:30pm.

## FEES

### Extended Care

(Morning Session Only) Enrolled	\$50.00 per month
Extended Care Enrolled	\$135.00 per month
Drop-in Morning	\$8.00
Drop-in Extended Care	\$8.00 (3:15pm-4:15pm) \$15.00 (if staying past 4:15pm)

Students not picked-up from school by 3:15 P.M. following dismissal will be taken to Extended Care and be charged a minimum of \$ 8.00.

### “Enrolled” and “Drop-ins”

#### “Enrolled”

Enrolled are students who are registered on a permanent basis and pay a monthly rate. This fee is due and payable even if the services are not used. Payments are due on the 1<sup>st</sup> of the month and may be paid with the student’s tuition payment. It is the parent/guardian’s responsibility to notify Beth Tobias, Financial Secretary, one week prior to withdraw from Before/Extended Care to avoid future billing.

#### “DROP-INS”

“Drop-Ins” are defined as students who use care services on an infrequent basis and are not enrolled in the Extended Care program. Students will be billed until 6:00 p.m. if not signed out by parent.

MORNING SESSION 7:00 A.M. – 7:30 A.M.  
AFTERNOON SESSION 3:15 P.M. TO 6:00 P.M.

## SNACKS

Extended Care provides an after-school snack each day for students staying after 3:00 p.m.

## HOMEWORK

A Study Hall period will be included in the Extended Care Schedule for your child to have the opportunity to complete their homework.

MEDICATION

No medication will be given by Extended Care Staff.

INCLEMENT WEATHER

If school does not open because of inclement weather, Pre- Care will be closed as well. If school closes early due to inclement weather, Extended Care will be closed as well.

HOLIDAYS, TEACHER IN-SERVICE AND CONFERENCE DAYS

Observe the same holiday schedule as East Memorial Christian Academy and Daycare

LATE PICK-UP

Parents who are late when picking up their children will be required to pay \$1.00 for each minute, per child, after 6:00 p.m. **This applies to enrolled and drop-in students.**

PROGRAM

Extended Care is a comfortable and enjoyable place for children to stay after school and offers the activities in a leisure atmosphere within the limits of a child's basic need for structure.

A variety of activities such as outdoor play, supervised television, table games, arts and crafts and independent play characterize the normal routine. Children who need to finish homework or study will have the opportunity to do so.

I have read and agree to the policies, procedures and fees as outlined above:

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date



*A Ministry of East Memorial Baptist Church*  
**Pre-Care and Extended Care**

## **Discipline Policy**

East Memorial Christian Academy Pre-Care and Extended Care uses the following methods of discipline:

Christian discipline is love. We expect the following characteristics in our students: Cheerful obedience, cooperation with others, courtesy and respect for others. When these characteristics are missing the following progressive actions will be taken: The child will be removed from the group, lose privileges, parents called, parent-teacher conference, and the final step would be permanent expulsion. Our goal is to help children prepare for future success in school by extending their self-control and self-discipline.

I have read and understand the discipline policy of the extended care program. I give my permission for the provider to use all methods set out above.

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Parent/Guardian Signature

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Date



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**EXTENDED CARE  
CHILD'S PERSONAL DATA SHEET**

**My Child Requires:    Pre-Care    Extended Care    (circle all that apply)**

1. Family Information:

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_  
Home address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Father's employer \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work hours \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's employer \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work hours \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Date enrolled \_\_\_\_\_ Grade entering \_\_\_\_\_

2. EMERGENCY CONTACT INFORMATION **ONLY PERSONS LISTED WILL BE ALLOWED TO TAKE CHILD FROM EMCA**

Name of person to call if parents cannot be reached \_\_\_\_\_  
Relationship \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Is this person authorized to take the child from the school? \_\_\_\_\_  
List in priority all who are authorized to take the child from the school:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone # \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_

3. MEDICAL INFORMATION

Child's Physician or emergency treatment facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

I, \_\_\_\_\_ (Father, Mother, Guardian), do hereby give my consent to the Director of the Pre-care Extended Care, or their duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or his duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Child's special food needs: \_\_\_\_\_ Diabetic diet \_\_\_\_\_

Food Allergies \_\_\_\_\_

Allergies \_\_\_\_\_

Siblings? Yes / No

Names(s) & grade level of siblings:

Other useful information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the parent/guardian, understand that I may ask for a conference with the caregiver(s) as needed.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Additional Comments: