

Central ISD After-School Program Policy and Procedures

Rates

Rates are \$95 for one student, \$150 for two students, and \$200 for three or more students. Rates for CISD employees are \$75/\$125/\$175.

This fee is due the 1st of each month. A payment is late after the 5th, and your child will not be guaranteed a spot for that month. Payments in advance will be accepted.

This is a guaranteed rate and includes full pay, with no credit for absent or sick days.

Return check policy: A \$25.00 handling charge for any returned dishonored check presented by the parent.

Late Pick-up

Pick-up time is 5:30. An additional \$5 charge will be added for every 10 minutes late. If a parent is over 10 minutes late more than 3 times, the student will be suspended from after school care for three weeks.

Drop In

Employees of CISD will be allowed to “drop in” their children if they are going to work later than expected. Drop in rates are \$2 until 4:00 and \$7 if staying longer than 4:00.

Holidays and Early Release

The after school program will not be open for school holidays or early release days.

Discipline

The after school program will initiate the Tally System for discipline. A student will be awarded a tally for choosing not to follow the stated rules and procedures. The first tally will serve as a warning. The second tally will result in removal from the group, a discussion with the supervisor, and parent contact. The third tally will result in a 3 day suspension from the after school program.

Tallies start over each week. Therefore, each Monday all students start with no tallies.

Rules /Expectations

Students are expected to abide by the following guidelines

- Respect of Property
- Instant Obedience
- Respect of Others

Snacks

A nutritious snack will be provided each afternoon for all students. Snacks will meet state recommendation for school provided foods.

Medicine/Allergies

Medicine will be administered to the student only if signed documentation is provided by the parent. Medicine must be properly labeled with the Childs name on it and the dosage and times to be administered.

Please notify the staff of any allergies your child might have.

Illness

If your child becomes ill while at daycare, the parent will be notified immediately.

By signing below you are stating that you have read and fully understand the Central After School Program policy and procedures document. Also by signing below you are stating that you agree with the above policy.

Child’s name(s): _____

Parent/Guardian’s name(print): _____

Parent/Guardian’s signature: _____

Date: _____

