

**San Carlos Park Elementary
Center for the Arts**

Kids Care

Before and After School Program

17282 Lee Road
Fort Myers, FL 33967
(239)267-1027



Parent Handbook *2016 ~ 2017*

Mrs. Christy Kutz, Principal
Andrew Miller & Michele Robinson, Vice Principal
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Kids Care

San Carlos Park Elementary Before and After-School Program 2016 - 2017

San Carlos Park Elementary Kids Care Program provides our students with a safe and enriching environment before school, after school, and on non-school days.

HOURS OF OPERATION

Morning Care:	6:30 A.M. to 7:30 A.M.
Regular School Day:	2:10 P.M. to 6:00 P.M.
Early Dismissal Day:	12:10 P.M. to 6:00 P.M.
Camp Day(s):	7:00 A.M. to 6:00 P.M.

RATES

(No Family Discounts)

Registration Fee:	\$10.00 (one time non-refundable fee)
Daily Rate:	\$12.00
Weekly Rate:	\$55.00
Morning Care Rate:	\$2.00
Camp Day (7 AM – 6 PM)	\$20.00 (pending enrollment)
Last Week (May 22-26, 2017)	Please verify your child's account balance. Last week payment is pre-paid and non-refundable. Please plan accordingly.

PAYMENTS

The Kids Care Program works on a **pre-pay** basis. **Payment is due prior to participation***. Payment may be made in the Kids Care office or in the main school office during school hours. Accounts on **Daily Rate** status will also need to maintain a \$55.00 credit balance prior to the week of participation. All credit balances carry forward.

*According to Florida Constitution Article VII, Section 10, Pledging Credit. "Neither the state nor any county, school district, municipality, special district or agency of them, shall become a joint owner with, or stockholder of, or give, lend or use its taxing power or credit to aid any corporation, association, partnership or person."

Children will NOT be accepted into Kids Care with an unpaid balance. It is very important to maintain a zero balance every week. Please be aware, if your account becomes past due, you will be called to pick up your child. Unpaid balances are subject to collection.

LATE FEES AND OTHER CHARGES

1. After one returned check, Kids Care will only accept cash, cashier's check or money order as payment.
2. Students who are picked up after hours will be charged a late fee. The fee is \$15.00 from 6:05 P.M. to 6:15 P.M., \$30.00 from 6:16 P.M. to 6:30 P.M., and \$45.00 from 6:31 P.M. to 6:45 P.M. for each child and is due the next business day. Students picked up late frequently will be subject to the District Revocation Policy.
3. Credit Balances are refunded upon request on or before May 15th.

CAMP DAYS

(Non-School Days - \$20 per day)

Camp Days will be held pending enrollment. Advance sign-up for Camp Day(s) will be required and are pre-paid. Parents will be charged for days selected. Notice of sign-up dates will be in the SCPE Newsletter and posted on the Kids Care office board. Students are encouraged to bring bikes and/or scooters with a helmet. They are permitted to bring handheld games and small toys with the approval of the director. Camp will be filled with computer time, outside games, center activities, and a cooking activity. Students **must** bring a morning snack and a lunch. An afternoon snack is provided. School uniform is not required on camp days. Kids Care is not responsible for lost or stolen items.

Dates Kids Care will be <u>OPEN</u>:	Dates Kids Care will be <u>CLOSED</u>:
October 3- <i>Rosh Hashanah</i> October 17- <i>Professional Duty Day</i> December 23- <i>Professional Duty Day</i> December 26,27,28,29,30 <i>Winter Break</i> January 2,3,4,5,6- <i>Winter Break</i> February 21- <i>Inservice Day</i> March 17- <i>Professional Duty Day</i> April 10,11,12,13,17- <i>Spring Break</i>	September 5- <i>Labor Day</i> November 11- <i>Veterans Day</i> November 23,24,25- <i>Thanksgiving Break</i> January 16- <i>Martin Luther King Jr. Day</i> February 20- <i>Presidents' Day</i> April 14- <i>Good Friday</i>

MORNING and CAMP DAY DROP OFF AND PICK UP PROCEDURES

Please enter the bus entrance to the school and go to the covered entrance when checking in or picking up your child. The Kids Care Office is through the glass doors and at the immediate right. Parents **must** enter the building to check students in and out of the program.

The safety of your child is our first priority. Therefore, if the person picking up your child appears to be under the influence of alcohol or other drugs, or unable to drive safely, the following procedures will be implemented:

1. Kids Care staff will offer to call a taxi or another driver.
2. If the person insists on driving with your child, the Kids Care staff will call 911 to report the concern and provide information to ensure the child gets home safely.

BEFORE SCHOOL CARE

Morning care is offered from 6:30A.M. to 7:30A.M. and is a very relaxed atmosphere. Students can bring breakfast from home or have the option of getting a free breakfast from the cafeteria. Students may do their homework from the day before, draw, or play games.

AFTER SCHOOL CARE

After school care is offered from 2:10P.M to 6:00P.M. Students are provided a snack directly after school and participate in activities such as, outside play, arts/crafts and Clubs. Students will be provided time for homework and our staff will assist them. Please be advised that homework time is not a time to tutor. Parents are responsible for reviewing their child's homework for completion and understanding.

ABSENCES

Please notify your child's classroom teacher or the school office if your child is not attending the Kids Care program due to a change of schedule.

MEDICATION POLICY

Students who need to take medication will need a parent permission form and a physician's permission form on file in the clinic at San Carlos Park Elementary. Parents must provide medication for after-school hours and camp days.

DISCIPLINE POLICY

The San Carlos Park Elementary Kids Care Program creates a fun, caring, yet structured, environment for children. To provide this environment, counselors will set rules and expectations for student behavior. These rules will include:

1. Respect each other at all times.
2. Follow directions when given.
3. Keep hands and feet to yourself.

Students who choose not to follow rules will have the following consequences:

1. Verbal warning from Counselor
2. Time out from group (length of time appropriate to age)
3. Time out in Kids Care office (parents notified verbally at pick-up)
4. Three repeated offenses may result in temporary assignment to another group.
5. Parent/Director Conference

If infraction warrants, parents will be notified immediately and may be required to pick up student. Students will be written up for behaviors that warrant it. We go by a three strike policy and you will be made aware of the incident the day of the incident. If a student earns three strikes, there will be a meeting with parent and director to discuss possible suspension or removal of student from the program until the next school year.

Students who are frequently aggressive or hurtful toward other students may have their enrollment revoked with prior notification to parents.

ENROLLMENT AND REVOCATION PROCEDURES

Kids Care is a fee-based program for students in kindergarten through fifth grade who are enrolled at San Carlos Park Elementary. Students must be able to function in a group with a supervision ratio of 25:1 and be self-sufficient in bathroom procedures.

Registration is required yearly and is offered on a first-come, first-serve basis. Registration may be suspended if enrollment reaches program capacity.

In accordance with the District Policy for Fee Based Programs, the Principal or Director has the authority to revoke the enrollment of a student in a fee-based program if the following situations occur:

1. The student becomes a behavior problem as defined in the program discipline policy.
2. Non-payment of regular weekly fees.
3. The student is picked up late in the evening on a regular basis.

Starting date _____

\$10 Reg Fee Per Child Paid _____

San Carlos Park Elementary Center for the Arts

Kids Care 2016-2017 Registration

Child's Name _____ Date of Birth: _____ Grade: _____ Teacher _____

Child's Name _____ Date of Birth: _____ Grade: _____ Teacher _____

PRIMARY PHONE NUMBER TO CALL: _____

Child lives with: Mother _____ Father: _____ Both: _____ Custody issues Yes or

No

Mother _____

Address: _____ Home Phone: _____

Business, Mother _____ Work Phone: _____

Cell Phone: _____

Father _____

Address: _____ Home Phone: _____

Business, Father _____ Work Phone: _____

Cell Phone: _____

Person(s) other than parents who may pick up the child from the program:

Name: _____ Address: _____ Phone: _____ Cell _____

Name: _____ Address: _____ Phone: _____ Cell _____

Name: _____ Address: _____ Phone: _____ Cell _____

I give my child(ren), _____, permission to participate fully in the Kids Care Program. I have received and read the Kids Care Parent Handbook. I understand that the fees are due prior to participation. My child will not be accepted into Kids Care with an unpaid balance. After one returned check, Kids Care will only accept cash, cashier's check or money order as payment. I understand that a late fee of \$15.00 will be charged from 6:05P.M. to 6:15 P.M., \$30.00 from 6:16 P.M. to 6:30 P.M., and \$45.00 from 6:31 P.M. to 6:45 P.M. for each child and it is due the next business day. Students with an unpaid balance for the Kids Care Program must resolve the debt in order to attend extra-curricular activities, school clubs or events such as end-of-year field trips.

Signature: _____ Date: _____

PLEASE COMPLETE OTHER SIDE

**2016-2017 AUTHORIZATION FOR
EMERGENCY MEDICAL TREATMENT**

If my child(ren) _____ should become ill or be injured at San Carlos Park Elementary Kids Care (SCPE Kids Care), I understand that SCPE Kids Care will contact me immediately and/or contact the person(s) I have designated if I cannot be reached. Should SCPE Kids Care be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility is authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

Signature _____

Relationship _____

Date _____

Medical Alert Information (i.e., allergies, medical and/or handicapping conditions:)

Preferred Physician: _____

Address: _____ Phone: _____

Preferred Hospital: _____

HEALTH INSURANCE: _____

Policy Number: _____ Expiration Date: _____

Company Name: _____