

Little Oak Middle School After Care Child Program

Mary Reneau and Edwina Ducre, Program Directors

Mission Statement: The mission of our After School Child Care Program is to provide students with:

- An inclusive program that is safe and nurturing in a comfortable environment.
- A cultural, enriching program that promotes the physical, intellectual, emotional and social development of each child.
- A program that meets the highest quality of child care standards.

Eligibility: The After School Child Care Program is a service provided to Little Oak students only.

About our Program: The After School Child Care Program will be provided on regular school days, beginning after school until 6:00 P.M. **AFTERCARE is not an extension of the students' school day. It is a Community Education Program that is supported by the attendants.** The program will not operate when school is closed, including holidays and 1/2 days of school. The program's phone is 985-502-0457.

Registration: Students must have the enrollment form turned in to the main office prior to the first day of service. See attached form. The registration fee is **\$15.00** for the first child and **\$10.00** for each additional child. Fees **must** be paid at time of enrollment. Payment of registration fee only **does not enroll the student.** **Payments are due Monday of each week. Bills are send out on Wednesdays.**

Program Fees: The daily rate is \$10.00 per day or \$50.00 a week. Drop in attendants are required to pay \$10.00 upon pickup. Non-payment of Drop-in fee will result in student not being allowed to attend the aftercare program. Rates are subject to increase during the school year if operating costs of the program increases.

Payments: Payments must be made in advance for the days your child will be attending. An envelope clearly marked "After Care" can be handed in at the beginning of After Care or parents can turn payment in when child is picked up. Go to <http://littleoakmiddle.stpsb.org> to make an online payment. Click on the online fee **MyPaymentsPlus** icon. Then click on Little Oak Middle.

Overdue Payments: If an account goes beyond ten days, your child will not be allowed to attend after care until full payment is made.

Daily Schedule:

2:46-3:00-Roll call

3:00-4:00-Homework time

4:00-6:00- Activity time

Note: Homework is done on the honor system. Children are expected to have all assignments. Students without homework or who finish early may read for enjoyment or study for upcoming tests. Assistance from a Child Care Worker is available.
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Late Pick-Up Fee: A \$10.00 late fee will be charged for each 15 minutes (1-15 minutes; 16-30 minutes; 31-45 minutes) when the parent/guardian is late in picking up each of his/her children.

Discipline: All students are expected to follow the same rules and procedures as they have during regular school hours. Inappropriate student behavior will be handled according to the STPSB Parent /Student Handbook.

Checkout Procedure: Only adults who are listed on the enrollment form will be allowed to sign out the child from the After School Child Care Program. Identification with a picture on it will be required. Please keep your authorization list up to date at all times.

Little Oak Middle School After Care Child Enrollment/Registration

Child's Name

Grade/Homeroom Teacher's Name

Street Address: _____

City: _____ State: _____ Zip: _____

Check One: _____ Full Time _____ Part Time _____ Days per Week
Registration Fee Paid: _____ Cash _____ Check # _____ _____ Online Date _____

Parent/Guardian Information:

Father/Guardian

Mother/Guardian

Address

Address

Home Phone

Home Phone

Cell Phone/Work Phone

Cell Phone/Work Phone

Checkout\authorization List: Use the back of the page to add any additional persons.

Full Name

Relationship

Phone Number

Full Name

Relationship

Phone Number

Full Name

Relationship

Phone Number

Full Name

Relationship

Phone Number

Full Name

Relationship

Phone Number

Little Oak Middle School After Care Child Enrollment

Child's Name

Grade/Homeroom Teacher's Name

Does the participant have an IEP (Individualized Education Program)? Yes No

Does the participant have a 504 Plan? Yes No

Does the participant need to be administered medication during the After School Child Care program? Yes No

Please list any allergies or Special Diet:

Please list any other pertinent information about the participant:

I understand and/or agree to comply with these guidelines:

Name of Parent/Guardian: (Print name)

Signature of Parent / Guardian:

Date: _ _ _ _ _