

Community Education
INFORMATION GUIDE -- 2009 – 2010
Shelby County Schools

www.shelbyed.k12.al.us



*** * ENRICHMENT ACTIVITIES * ***

~ ART ~ BATON ~ COMPUTER ~ DANCE
~ FOREIGN LANGUAGE ~ KARATE ~ GYMNASTICS ~ SCIENCE

- \$25 Community Education Registration Fee required.
- Must register with Comm. Ed. and receive ID number in order to enroll in any Enrichment Activity.
- Fees for the Enrichment Activities are paid directly to the Enrichment Instructor.
- Students must be signed out from their Enrichment Activity by an authorized adult.
- Check with school ASCP site for listing of classes, or visit the Shelby County Schools website.

*** * AFTER SCHOOL CARE PROGRAM (ASCP) * ***
< Serving ages 5-12, for grades Kindergarten through 5th >

ACTIVITIES

- | | | | |
|------------------|-----------------------|---------------|-------------|
| - Arts 'n Crafts | - Board Games | - Drama/Skits | - Free Play |
| - Group Games | - Homework Assistance | - Movies | - Music |
| - Playground | - Special Event Days | - Snacks | - Sports |

PURPOSE

ASCP offers a safe, structured environment for school aged children, assisting them in their physical, educational, and psychological growth.

PERSONAL BELONGINGS

- ASCP is unable to be responsible for personal items.
- Please clearly label all personal items.
- Children are not to bring important, expensive, or dangerous items.
- Check the school's Lost and Found for lost items.

CHECK-OUT PROCEDURES

Safety of the students is a joint staff/parent responsibility. Please observe the following procedures:

- An authorized adult signature and a check out time are required before a student leaves the building. This applies to ASCP & enrichment class students.
- Showing of identification is required if the sign out person is unfamiliar to the staff.

(Failure to follow these procedures may result in the student's dismissal from the program.)

-- **Late Pick-Up Fee**— \$1 per minute, per family, per site (Single transaction Draft to be authorized the day of occurrence.)

- Habitual tardiness in picking up children will result in their dismissal. If ASCP does not receive communication from a late parent, the local law enforcement agency will be called after 30 minutes to arrange for the child's supervision.

EMERGENCY / INCLEMENT WEATHER PLANS

ASCP follows the guidelines set by the Shelby County Board of Education for all emergency situations. Please make sure that ASCP always has current telephone and cell numbers to reach you in case of such an emergency. Listen to local radio and television stations for weather conditions and closings, as it is not always possible to contact all parents.

The After School Care Program will NOT be in operation in the event of any emergency closing or inclement weather dismissal, prior to 3:00 (during school hours).

In the event of an early closing, your child will become a car rider and you will need to make arrangements for your child to be picked up.

If bad weather or an emergency should occur after 3:00 (during ASCP hours), please make arrangements for immediate pick-up, so that your child and our staff may get home safely. Every attempt will be made to reach you by telephone, but it is not always possible.

HOURS of OPERATION

-- 3:00 pm to 6:00 pm while school is in session

FUNDING

ASCP is sanctioned by the Shelby County Board of Education. The program is totally self supporting and returns money to the individual schools and the school system. Operating funds are acquired solely from income generated by the program.

RATES and REGISTRATION PROCEDURES

All students (K-5), including Drop-In and Enrichment, must register with Comm. Ed. & receive Comm. Ed. ID Number.

- Fill out both sides of form, completing every line.
- Attach \$25 Registration Fee Authorization Form.
- Turn in forms to the ASCP site, NOT to school offices.

- **Registration Fee:** A \$25 yearly Community Education fee for children in grades Kindergarten through fifth attending ASCP or participating in any Enrichment Activities.
- **Enrichment Classes**
See individual instructor's schedule for times and fees.
- **ASCP Fee Schedule**

-- **MONTHLY:** (Based on \$1500 yearly, to be drafted in 10 equal payments, August thru May)
\$150, per child -- no additional child discount
\$100, per child for free or reduced lunch status
(Parents must provide proof of status.)

-- **DROP-IN (Daily)** (No more than 2 days per week)
\$10 -- ASCP or staying for an Enrichment class
(A Single Transaction Draft Authorization is due each day of attendance, or \$15 late fee will be assessed.)

Payment plan (from full time monthly to part time drop-in or vice versa) may be changed with the ASCP Bookkeeper, only one time per semester. This must be given in writing by the 20th of the month prior to the change.

PAYMENT PROCEDURES

- Monthly fees will be drafted on the 3rd day of the month. *
- ASCP Drop-In fees are to be authorized the day of Attendance, or a \$15 late fee will be assessed.
- \$30 fee assessed for each rejected transaction.
- Two (2) rejected transactions will result in dismissal from all Community Education programs.

- ASCP DOES NOT BILL, PRORATE, or accept ANY PAYMENTS AT THE ASCP SITES.

* Should you opt not to pay with electronic fund transfer, you will be required to mail a money order to the Community Education office for each monthly payment, due by the 5th day of the month. Indicate this choice by signing and returning the "Electronic Funds Transfer" form with "Money Order" written at the top. If the money order is received after the 5th, a late fee of \$15 will be assessed.

FULL DAYS -- 7:00 a.m. to 6:00 p.m.

Full Days are offered on a select number of days during breaks, and student holidays. Advanced notice will be given regarding dates and locations.

(All at limited sites & only if enrollment & staffing permits.)

- \$25 per day, per child -- no additional child discount
- \$15 per day, per child -- free/reduced lunch status
- \$40 per day, per child -- late sign-up (if space available)

- * Payment is in addition to the regular monthly fee.
- * Prior sign-up and prepayment are mandatory by the deadline date.
- * Fees are non-refundable.

DISCIPLINE

The ASCP staff practice a policy of being fair, firm, and friendly. Student safety is a major consideration. The Shelby County Schools' Code of Conduct, the Policies and Procedures for Community Education, and the guidelines for the After School Care Program will be enforced. Rule infractions will be dealt with as they occur. The third disciplinary notice will result in dismissal from the ASCP program for one year from the date of the dismissal. Parents will be notified of infractions as follows:

- **Write-ups with Infraction Notices**
- **Disciplinary Notice #1**
- **Disciplinary Notice #2**
- **Disciplinary Notice #3**

Students are expected to obey the rules:

- Remain with assigned staff at all times.
- Remain in designated ASCP areas.
- Show respect for caregivers and other students.
- Keep their hands to themselves, not touching others or others' belongings.
- Not use profanity or display obscene gestures.
- Follow the rules and regulations of the Shelby County Code of Conduct, and ASCP.

Parents are expected to:

- Direct all concerns to the attention of the In-Charge Teacher, and not to the counselors.
- Notify ASCP if transportation changes for the day.
- Not approach or discipline any child in our care.
- Not use abusive language towards ASCP staff or students.
- Pick up child if notified of illness.
- Present picture ID, if requested.
- Sign out child each day.
- Sign child in and out on all full days.
- Pick up child by 6:00 p.m.
- Be responsible for all fees, payable by due dates.
- Provide all medical information, forms, and supplies.
(Students can be dismissed due to parents' actions.)

It is imperative that parents and staff work together to establish a safe, structured environment.

PARENTAL INPUT

Parental input is encouraged and may be given to the Community Education Supervisor at the address below:

Community Education
Shelby County Schools
601 First Street South
Alabaster, Al. 35007

Admin Office Phone # -- (205) 682-5958
Admin Office Fax # -- (205) 682-5955

PARENTAL PERMISSION

- I DO, DO NOT give permission for my child to view PG movies.
- I DO, DO NOT give permission for my child to play on school and Comm. Ed. Equipment.
- I DO, DO NOT give permission for my child's picture to be taken and published.

MEDICAL / EMERGENCY INFORMATION & RELEASE

ATTENTION PARENTS: It is imperative that all spaces below are filled. Registration is not complete if all spaces are not filled in. Please use "n/a" if something does not apply to your child.

NOTE: If children have medications or supplies in the health room for use during school hours, these items are not available to the After School Care Program. If a child is in need of any medications or supplies during After School Care hours, the parent will need to supply these items to the After School Care Program, along with authorization and prescriber forms.

MEDICAL INFORMATION:

Medical Problems / Physical Activity Restrictions: _____

Allergies / Diet Restrictions: _____

Medications being taken: _____

Any medications to be administered during ASCP? yes no

-- If yes, give name of medication and time to be administered: _____ time _____

Doctor's Name and Number: _____

Hospital preferred: _____

Name of Insurance Company _____ Policy No. _____

MEDICAL RELEASE and PARENT / GUARDIAN ACKNOWLEDGEMENT OF ASCP POLICIES, PROCEDURES, RULES & REGULATIONS:

I understand that if my child has medications or supplies in the health room for use during school hours, these items are not available to the After School Care Program. If my child is in need of any medications or supplies during After School Care hours, I will supply these items to the After School Care Program.

I have received, read, understand, and agree to be bound by the policies, procedures, and guidelines as stated in the current year's *COMMUNITY EDUCATION INFORMATION GUIDE*. I understand the discipline policy, the payment procedures, and I understand that my child will not be able to attend ASCP if fees are not received by due dates.

In the event my child needs emergency or medical treatment, every attempt will be made to contact us, the parent/guardian. In the event I/we cannot be contacted, my authorized signature below gives my/our permission to Shelby County Public Schools to secure prompt treatment.

NOTE: Failure to sign does not relieve parent / guardian and / or student from compliance.

I understand and will comply with all ASCP and Shelby County Schools policies and procedures.

Signature _____ Date _____

Community Education
Shelby County Schools
601 1st Street South
Alabaster, Alabama 35007



Administrative Office: Phone # -- (205) 682-5958, Fax # -- (205) 682-5955



**SHELBY COUNTY SCHOOLS
COMMUNITY EDUCATION - AFTER SCHOOL CARE PROGRAM
School Year 2009-2010**

ASCP Site: _____ Student _____
Comm Ed. # _____

Electronic Funds Transfer Authorization Form

As a duly authorized signer on the financial institution account identified below, I authorize you to perform:

_____	Recurring	Date of first transaction* _____	3 rd day of month
_____	Transactions	<input type="checkbox"/> \$150 <input type="checkbox"/> \$100 (Must have proof of Free/Reduced/Employee Status)	
		<i>The above amount will be drafted monthly through the end of the school year or until authorization is revoked. **</i>	
_____	Single	(Drop In, Late Pick-Up, Registration Fees, Full Days, Other)	
_____	Transactions	<i>Single transactions will require additional authorization to be filled out.</i>	

Transaction will post on or after the date indicated.

****This authorization is to remain in full force and effect until Community Education has received written notification of its termination by the 20th day of the last month enrolled. Any such written notice should be delivered to the student's site or mailed to Community Education at 601 1st Street South, Alabaster, AL 35007. Phone calls and messages will not be accepted.**

_____ Please initial

Electronic funds transfer debits from the account for payments due or when applicable.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as unpaid (non-sufficient or uncollected funds), I authorize Community Education to collect a returned item fee of \$30.00 per item by electronic debit from the same account identified below.

For accounting purposes, all electronic debits will be reflected on the monthly bank statement that corresponds with the financial institution account identified below.

Refund requests must be made in writing. If refund request is approved, the refund will be issued in the form of a check from the Shelby County Board of Education. Please allow 10-14 business days to process refund request.

I understand and authorize the above.

AUTHORIZING SIGNATURE: _____ **DATE:** _____

Financial Institution: _____

Routing # _____ Account # _____

PLEASE ATTACH A VOIDED CHECK
(Please do NOT use a deposit slip)

SINGLE TRANSACTION AUTHORIZATION FORM
COMMUNITY EDUCATION -- AFTER SCHOOL CARE PROGRAM
SHELBY COUNTY SCHOOLS
School Year 2009-2010

After School Care Site: _____

Child's Name: _____

Community Ed. # _____

Date of Transaction: _____

For: _____ Registration _____ Late Pick Up

_____ Full Days (Date/s) _____

_____ Late Fee (A STAF is due each day of attendance,
or a \$15 late fee will be assessed.)

_____ Other _____

Amount: \$ _____

Drop In: (Parents please sign authorization at the beginning of the week and then check and initial each day that your child drops in. Form will be sent to bookkeepers for payment processing at the end of each week.)

Monday Tuesday Wednesday Thursday Friday
Initial: _____ Initial: _____ Initial: _____ Initial: _____ Initial: _____

Amount: _____

I, _____
(please print name)

authorize Shelby County School After School Care Program to draft my account
according to the information given above.

Payee Signature _____