

**2016-2017 FACS AFTER-SCHOOL
CRUSADER CARE PROGRAM**

8650 Walnut Grove Road
Cordova, TN 38018
324.8310 / 458.5543

- PURPOSE:** To provide an added service of the school, as a safe, convenient and economical program after school hours for the children of working parents and guardians.
- ACTIVITIES:** As much outdoor play as possible; games, legos, puzzles and coloring materials, which are provided, during indoor playtime; occasional usage of Educational TV/videos is permitted when necessary.
- PLACE:** JrK/SrK: Room 177
Grades 1-6: Modulares 5 & 6
- TIME:** On full days of school, the operating hours are from dismissal until 5:45 p.m. (***Our program does NOT provide care on half-days, teacher in-service days, or school holidays.***)
- FEES:**
- | | | |
|--------------|----------------------------------|---|
| Full Time | \$50.00 | 3-5 days per week |
| Part Time | \$34.00 | 1-2 days per week |
| Drop In | \$20.00 | Daily |
| Late Pick-up | \$20.00 for the first 10 minutes | |
| | (after 5:45 p.m.) | <u>plus</u> \$1.00 for each minute thereafter |

PAYMENT PLAN CHANGES FOR FULL-TIME AND PART-TIME REGISTERED RATES CAN OCCUR ONLY DURING AUGUST AND JANUARY. THESE RATES ARE CHARGED WEEKLY WHETHER OR NOT THE SERVICE IS USED.

It is very important for EVERYONE to be aware of our After-School Crusader Care (ASCC) Program. **By dismissal time each day, every child must either be picked up via car line or be in the care of those who oversee this program. The only exceptions will be for student participation in elementary school-sponsored activities (i.e. athletics, chess club, etc.).** There will be absolutely no allowance for "waiting around" for older siblings, church programs or any UNSUPERVISED activities. In the interest of providing a safe environment for all students, our policies and procedures will be strictly enforced.

FACS - CORDOVA, TN
2016-17 AFTER-SCHOOL CRUSADER CARE

Please select one payment plan below:

- A. _____ Full Time ... 3 to 5 days (per week).....\$50.00
- B. _____ Part Time ... 1 to 2 days (per week)\$34.00
- C. _____ Drop In Daily Rate\$20.00

I agree to pick up my child by school dismissal time or I will pay a fee of \$20.00. In the event I must use this provision, I will notify the ASCC office (324.8310) or school office (458.5543) before 2:45 p.m. and give the name and phone number(s) of the person responsible for picking up my child that day.

AFTER-SCHOOL CRUSADER CARE payments will be due and payable in the school office on a monthly basis. No payments will be due during the Thanksgiving Holiday (1 week), Christmas Break (2 weeks), and Spring Break (1 week).

Refer to program guidelines for fees imposed after 5:45 p.m.

(Report cards will be held if your account is delinquent.)

PLEASE NOTE:

****PLAN A and PLAN B are charged weekly whether or not the service is used****

Child's Name _____

Age _____ Grade _____

Parent/Guardian Signature _____

Date Signed _____

FACS AFTER-SCHOOL CRUSADER CARE
REGISTRATION FORM
(1 student per form)

Child's Name _____ Age _____ Grade _____

Birth date _____ Phone _____

Address _____

Mother's Name _____ Phone: (H) _____

(C) _____ (Place of Work & Phone): _____

Father's Name _____ Phone: (H) _____

(C) _____ (Place of Work & Phone): _____

Guardian's Name _____ Phone: (H) _____

(C) _____ (Place of Work & Phone): _____

Name(s)/age(s) of brother(s)/sister(s) _____

Does your child have any special fears? (Y) ___ (N) ___ If Y, please explain.

Does your child require medical care? (Y) ___ (N) ___ If Y, please explain.

Does your child have chronic allergies? (Y) ___ (N) ___ If Y, please explain.

Current prescribed medication(s) _____

Doctor _____ Phone _____

Address _____

I do hereby authorize emergency medical care and will take responsibility for **ALL** expenses incurred in the emergency case.

Parent/Guardian
Signature _____

Email Address _____

Date signed _____

FACS AFTER-SCHOOL CRUSADER CARE
EMERGENCY INFORMATION

Child's Name _____

Person(s) authorized by parent(s)/guardian(s) in case of emergency and pick-up:

Name _____ Name _____

Address _____ Address _____

Phone: (H) _____ Phone: (H) _____

(W) _____ (W) _____

(C) _____ (C) _____

PICK-UP AUTHORIZATION

Person(s) authorized by parent(s)/guardian(s) to be granted release:

(relation)

(relation)

(relation)

(Sign and date)

**(BELOW, PLEASE LIST NAMES OF PERSONS WHO ARE NOT
ALLOWED TO PICK UP YOUR CHILD.)**

FACS AFTER SCHOOL CRUSADER CARE POLICIES

The purpose of this document is to outline aspects of the *After-School Crusader Care (ASCC)* program for those in JrK- 6th grade so as to minimize any confusion.

ASCC will be from school dismissal time until 5:45 p.m. on regularly-scheduled full school days. Students remaining past 5:45 p.m. will be charged a late penalty of \$20.00 for the first 10 minutes plus \$1.00 for each minute interval thereafter. A continuance of late pick-ups will be reviewed by the Administration, with possible removal of ASCC privileges.

Any elementary student attending ASCC must be fully registered. In case of emergency, you should call the ASCC office (324.8310) or school office (458.5543) to notify ASCC of the situation. A \$20.00 Daily Drop In Rate will be accessed.

A "quiet time" is observed (grades 1-6) in Modulares 5 & 6 when outside time is impossible. Students have the opportunity to do homework, read a book or quietly play a game. Because some will be studying, they will be expected to remain quiet for the entire time frame. Each child (grades 1-6) has snack time following study time. Outside time, weather permitting, follows snack time. Please make sure your child is prepared with proper clothing. During the winter months, a coat should be brought every day. No one will be allowed to stay inside alone.

Our basic rule is: "Obey the First Time!" The teachers should not have to repeatedly talk to your child about a particular behavior. If your child makes no effort to obey, you will receive a note. You will then be expected to deal with the reported incidents. On-going misbehavior may result in permanent dismissal from ASCC. We strive for a peaceful, happy environment.

OUR PROGRAM DOES NOT PROVIDE CARE ON HALF-DAYS, TEACHER IN-SERVICE DAYS OR SCHOOL HOLIDAYS.

ASCC is considered as extended service that is offered by FACS. All school rules must be followed.

This information is intended to be helpful in our continuing efforts to offer "Excellence in Education." Your understanding of the rules and cooperation in following them is greatly appreciated.

**FACS - CORDOVA, TN
AFTER SCHOOL CRUSADER CARE**

POLICIES AND WAIVERS/RELEASE OF CLAIMS

I understand that Crusader Care personnel reserve the right to dismiss any child whose behavior becomes unmanageable or inappropriate. Inappropriate behavior would include anything that violates the policies of FACS.

I understand all payments must be sent to the School's business office. I understand I need to pick up my child by 5:45pm to avoid late charges and possible removal of my child from Crusader Care. Also, I understand it is my responsibility to call Crusader Care at 324-8310 or FACS Office at 458-5543 to notify of possible late pick up situations.

I understand that FACS assumes no responsibility for injuries participants may sustain as a result of his/her physical condition or resulting from participation in any activities. I expressly acknowledge that I assume the responsibility for any and all injuries and illnesses which may result from participation in Crusader Care activities. FACS will not be liable for lost or stolen items while participants are using FACS facilities or are on the FACS premises.

In the event of an emergency and my emergency contact person cannot be reached, I hereby give permission to FACS to transport my child to a medical emergency room for treatment. I also give permission for my child to participate in all activities for which he/she is registered. To the best of my knowledge, my child is in good health and able to participate in all Crusader Care activities.

Child's Name _____

Age _____ Grade _____

Parent/Guardian Signature _____ Date _____

Email Address _____

Parent/Guardian Signature _____ Date _____

Email Address _____