

After School Program Parent/Legal Guardian Information Letter

Welcome to our school's After-School Program! In order to ensure each family has a working description of this year's After School Program (ASP), all parents/legal guardians with students participating in ASP are required to read and sign the ASP Parent/Legal Guardian Information Letter.

ENROLLMENT

- Any elementary-aged student attending a CCSD elementary school is eligible to attend that school's ASP. This excludes half-day or special education pre-school students and all (full day) Georgia Lottery PreK students. Parents or legal guardians must register their child or children by completing a registration form and signing this notification letter (available in the school office). If there are any address/contact information changes, the parent/legal guardian of the participating student must notify ASP staff of changes.
- Students must be enrolled in ASP in order to participate in classes/activities offered by the Service Providers (outside vendors).

ATTENDANCE

- Credits for non-participation will be issued only if one of the following exceptions applies:
 - a. the student is absent due to illness on a day pre-designated as an ASP day for the student
 - b. the student is checked out by 11:00 a.m. due to illness
 - the student experiences the death of an immediate family member (parent/legal guardian, sibling, grandparent); or
 - d. school is closed/dismissed early due to inclement weather
- Any student checked out of school early may not return to the school's campus that day for the purpose of attending ASP.

PROGRAM TIMES

ASP begins at the time of the school's dismissal and extends until 6:00 p.m.

FEE SCHEDULES, PAYMENTS AND REFUNDS

- ASP is a PREPAID program.
- Schools may require parents/legal guardians to pre-designate and pre-pay for ASP participation by the week (e.g., "everyday", "M/W/F"). This is done for the safety of students by pre-determining staff coverage needs, as well as ensuring that students who should stay in ASP do not board the bus and go home to an unsupervised situation.
- ASP tuition is \$10 per day and must be paid by the time/weekday designated by the school. Money
 or notification of participation received after the designated time/weekday will cause the student to
 be considered as a drop-in and parents/legal guardians will be charged \$14 for that day.
- Checks must be made payable to the school for the exact amount and include only ASP payments.
 Any money over the exact amount will be credited to the student's ASP account.
- Breakfast and/or lunch money must not be included with the ASP payment.

Clip-out located on the second page of the Parent/Legal Guardian Information letter.

FEE SCHEDULES, PAYMENTS AND REFUNDS (continued)

- Parents/legal guardians will be notified of any returned checks. Permission will be obtained from the
 parent/legal guardian for re-depositing the returned check. If a check is returned for non-sufficient
 funds a second time, future payment will be on a "cash-only" basis.
- Balances remaining in ASP accounts at the end of the school year will be rolled over to the next school year if the student will remain at the current school. If the student is transferring, being promoted to middle school or will no longer participate in ASP, the parent/legal guardian must request a refund. A refund check will be mailed to the parent/legal guardian during post planning.
- For purposes of personal income tax credits, parents/legal guardians are responsible for retaining all receipts.

STUDENT PICK-UP

- Only persons approved and designated by the parent in the student information system will be allowed to sign out/pick up your child-this is for the protection of your child! <u>PHOTO ID MUST BE</u> <u>PROVIDED AT TIME OF PICK-UP.</u>
- Each/every student not picked up by 6:00 p.m. (according to the school's clock) will be charged a late fee of \$10 for each 15-minute portion/increment (i.e., 6:01-6:15 p.m. = \$10. 6:16-6:30 p.m. = \$20).
- Failure to pick up a child by 7:00 p.m. will be considered an emergency situation, and a call will be placed by ASP staff to the CCSD School Police (or 911) on behalf of the student. Students may be withdrawn from the program upon a **third** late pick-up. All parents/legal guardians are encouraged to have an **emergency backup** person in order to avoid these types of situations.

SAFETY

• To ensure the safety and security of all students in ASP, a program safety plan is reviewed and utilized on an annual basis. ASP coordinators are authorized to contact the appropriate law enforcement agency should an emergency occur which threatens the welfare of a child.

DISCIPLINE

- ASP is a support program and your child is expected to behave properly.
- Students must comply with the discipline policies laid out in the CCSD Student/Parent Handbook and Discipline Code and the individual school discipline policy.
- Inappropriate/disruptive behavior may result in suspension or withdrawal of your child.

SUSPENSION/WITHDRAWALS

Students will be suspended or withdrawn from ASP for the following reasons: (a) Excessive late pick-up (3X), (b) Discipline problems (3X), and (c) Nonpayment of fees and/or late pick-up fees.

INCLEMENT WEATHER

• If school is closed or dismisses early due to inclement weather (or any other reason), the school's ASP will also close for the day. In such a case, the school will follow the instructions you have provided regarding school closing or early dismissal. ASP personnel will be responsible for any further parent/legal guardian contacts for the pick-ups of ASP students. Parents/legal guardians should also note that designated ASP personnel will remain at the school during such a closing to ensure all students have been picked up by the parent/legal guardian or authorized designee.

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Clip/Return to ASP Coordinator. Please retain the information letter for reference purposes.								
I have read and understand the information contained with this ASP Parer	nt/Legal Guardian Information Letter.							
Parent/Legal Guardian Signature:	Date:							
Name(s)/Grade(s) of Student(s):								



After School Program Registration Form

Full Week	Regular Individual Days (circle days)	М	Т	W	TH	F	Emergency Onl		
	PLEASE	PRIN	<u>T</u>						
80									
itudent's Name (Last, First, Middle Initial)			Male / Female						
Date of Birth	Grade	Grade			Homeroom Teacher				
Student's Address:	o -								
	special medical consideration or medica								
Parent/Legal Guard	lian's Name				Relatio	nshin			
	arent/Legal Guardian's Name								
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