

2017-2018 GOOD SHEPHERD SCHOOL AFTERCARE PROGRAM

GRADES PK-8

POLICIES AND PROCEDURES

1. Students must sign in daily.
2. **All children must be picked up no later than 5:30pm. After 5:30, there will be a \$5.00 per minute charge. Children picked up late three times in one month will be excluded from the program.**
3. Full payment is expected on the last business day of the month payable through Facts Tuition Management Company. Participation in the Facts program is required.
4. If you make an appointment after work, i.e., shopping, haircut, etc., please leave a number where you can be reached in case of emergency.
5. Parents will be notified immediately if their child comes to the program sick or with a fever so that the child can be picked up immediately.
6. Children will only be released to the persons whose names appear on your registration form. The adult picking them up must sign out all children.
7. If your child is taking medication and will need it while they are attending the program, please send the medication and call our attention to it. All medication **MUST** be in the original bottle with actual dosage on it. We, by State Law, are not allowed to administer Tylenol, etc.
8. Often, unknowingly, a child may have a problem with another child. If this happens and it has not been called to our attention, we cannot do anything about it. If your child has a problem with someone, please make this known to us.
9. It is our goal to make the After-Care Program a happy and positive experience for your child. If you have suggestions along the way, please let us know.
10. If your child is celebrating a birthday and you would like to have us share in it with him/her, please let us know a few days in advance. We will do everything we can to make ALL children feel special.
11. Our program abides by **ALL** Good Shepherd School handbook policies.
12. All groups will be combined at **4:30** to make a smooth and convenient pickup.
13. Homework assistance will be provided to all After-Care students.

OUR SCHEDULE WILL FOLLOW THE SCHOOL SCHEDULE. WE WILL BE CLOSED DURING FALL BREAK, SPRING BREAK, THANKSGIVING, CHRISTMAS, AND EASTER HOLIDAYS UNLESS OTHERWISE NOTIFIED.

(RETURN WITH REGISTRATION)

I have read, understand, and agree to abide by the policies and procedures of Good Shepherd After-Care Program.

Signed

Date