

MORNING/ AFTERNOON CARE FORM

Student Name: _____ Grade Entering: _____ Age as of Sept. 1: _____

Broadwater Academy's Extended Day Program is committed to extending to the children enrolled the care and guidance that is consistent with our school mission. Extended Day provides careful supervision of children in a setting that fosters self-esteem and friendships while providing enjoyable social play and study activities.

Admission

Any Lower and Middle School students who are enrolled at Broadwater Academy are eligible for Broadwater Academy's Extended Day Program.

Fees and Charges - *select the programs your student will be attending- all fees will be billed through the business office*

- Full Time Morning Care (only offered to students through grade 8): \$500
- Full Time Afternoon Care (only offered to students through grade 8): \$1575
- Part Time Morning Care (per 30-day block, paid in full prior to start of block date): \$175
- Part Time Afternoon Care (per 30-day block, paid in full prior to start of block date): \$300
- Drop-In Afternoon Care: (Regular school day: 3:25-5:30 pm): \$15.00 per child
- I do not anticipate using Morning Care this year.
- I do not anticipate using Afternoon Care this year.

If children are not picked up by 5:30pm each day, a late fee will apply. The time of pick-up is recorded for each student. Late fee charges are \$25/child in addition to regular extended care fee for pick up after **5:30pm** and before **6:00pm**.

If contact with the family has not been made by 6:00PM, the Northampton Department of Social Services will be contacted.

Staffing

The Extended Day Program is staffed by a director and part-time staff. The staff members report directly to the Head of School. All staff members are certified in CPR and First Aid. Procedure for signing in and out of Broadwater Academy continues to ensure the safety of its students; therefore, persons must be listed on the registration form or verbal/written permission must be given by the parent or guardian to the Director of Extended Care or an Extended Care staff member to sign out any student. The registered person (adult) is required to come to the location of the Extended Day program to sign in or out any student as they are coming to or leaving the program. If a change in plans occurs during the hours of operation of Extended Care, the parent/guardian should call the Extended Day emergency number (757-710-3094 or 757-442-9041, extension 131) to alert the staff member on duty. If the change in transportation is not someone listed on the child's application, the staff member will ask to see a photo ID of that person. No child will be released to anyone under the age of 18 years of age.

Times of Operation

The Extended Day Morning Program runs from Monday - Friday from 7:30AM- 8:00AM and the Extended Day Afternoon Program runs from Monday- Friday 3:25PM - 5:30PM during the school year. Please understand that if school is closed, there is a delayed opening, or an unscheduled early dismissal occurs, the Extended Care Program will be CANCELLED and an alternate arrival/dismissal plan for your child must be arranged at that time.

Food

Students are expected to bring their own snack each day.

Medication Policy

No medication will be given to any child during Extended Day hours.

MORNING/ AFTERNOON CARE FORM (cont.)

Registration

All parents are required to complete the Extended Day Registration Form prior to attending Extended Day. A certified copy of the child’s birth certificate must be shown to Broadwater Academy’s Director of Admissions.

Parents are encouraged to communicate with staff members on a daily basis. Parents are informed of behavioral concerns and will receive an Occurrence Report if the staff member feels that it is necessary. If deemed necessary, an accident/injury form will be issued to the parent.

NO CHILD WILL BE PERMITTED TO ATTEND EXTENDED DAY WITHOUT A BIRTH CERTIFICATE ON FILE AND THIS SIGNED FORM.

Parent/Guardian Signature _____ Date _____

Extended Day Policies

1. I certify that my child is physically fit to take part in all activities. I will not hold Broadwater Academy responsible in case of accident or injury as a result of participation. (Please list any restrictions or limitations, if any,).
2. I give authorization for my child to participate in field trips unless otherwise noted on permission slip.
3. I understand that Broadwater Academy will notify me as soon as possible if my child should become ill and I agree to pick up my child as soon as possible.
4. I understand that I will notify Broadwater Academy within 24 hours if my child should be diagnosed with a communicable disease.
5. I understand that the order of actions taken will follow the outline below unless there is need for immediate action, but will not be limited to these actions:
 - a. Parent/guardian will be called.
 - b. Child’s physician will be called.
 - c. Emergency contacts will be called
 - d. If none of these efforts are successful.
 - i. An ambulance will be called.
 - ii. The child will be taken to the emergency room of the nearest hospital accompanied by a Broadwater Academy staff member. The authorized staff member may obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to the child.
6. In the event of a medical emergency, I hereby authorize Broadwater Academy to take the necessary measures to have my child treated and I agree to be responsible for any medical expenses incurred.
7. I give authorization for the School Nurse permission to administer prescription drugs as noted when I send them to school.
8. I agree to complete and return a Medication Consent Form to the school nurse with each medication (prescription and nonprescription) I send to school for administration to my child.
9. I understand that all medications will be sent home daily unless otherwise specified.
10. I understand that all medications must be in their original containers according to the Medication Policy.
11. I agree to provide Broadwater Academy with a Physician’s Health Form which includes up-to-date immunization records, completed by myself and my child’s physician.
12. I agree to provide Broadwater Academy with my child’s birth certificate or proof of birth for viewing.

Extended Day Policies Agreement

Signatures

Mother/Guardian (print name) _____ Signature _____

Father/Guardian (print name) _____ Signature _____

FOR SCHOOL USE ONLY-DO NOT WRITE IN THIS AREA

Director _____ Print _____
Signature _____ Name _____

Pre-K Admission Date ____ Extended Day Admission Date ____ Pre-K Termination Date ____ Extended Day Termination Date ____