

PARENT/STUDENT HANDBOOK



Contact Information:

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**The JISD After School Program
provides a safe, nurturing and enjoyable environment**

**Upon completion of this packet,
please return the application to the elementary office or
email it to jisd.afterschool@jarrellisd.org**

**where children can learn, create, play and interact with peers.
Our goal is to provide families
a low-cost after school program that focuses on
the academic, social and artistic growth of each child.**

Location:

The JISD After School Program is housed in the elementary school located on 1615 CR 313. (Bus transportation will be provided from the intermediate school to the elementary for 4th and 5th grade students.)

Program Hours:

Operation hours are from 3:00 to 6:00 pm, Monday through Friday. JISD After School follows the JISD calendar. JISD After School will NOT provide care on early release days that are indicated on the calendar. Care will NOT be provided on days school is closed or released early due to bad weather.

Ages Served:

The JISD After School program serves Pre-kindergarten through fifth graders.

Daily Schedule:

3:00-3:30 Attendance, snack and bathroom break

3:30-4:30 Homework, free reading, tutoring, educational games

4:30-5:30 Centers, projects, outside games

Homework: Kids will be assisted in doing homework. If a child does not have an assignment, he/she will read, practice spelling words or engage in educational games. Kids will NOT be allowed to go back to their classroom to get forgotten materials.

Enrichment Activities: Tutors will provide an environment that will broaden children's experiences. Planned, project-based activities will be interspersed with opportunities for exploration on one's own.

Safe and Easy Pick-up:

All persons designated to pick the child up must be listed on the registration form.

If a child is not picked up by 6:00 pm, a late fee will be assessed at a rate of \$10.00 for the first fifteen minutes and \$1.00 per additional minute. **TO PICK-UP A STUDENT, PLEASE ENTER THE FRONT OF THE BUILDING AND GO TO THE OFFICE.**

Behavior Policy:

Children will be expected to express their emotions and feelings through appropriate manners modeled and taught by the tutors. If inappropriate behavior is exhibited, the following steps will be adhered to with each child.

1. Child will be redirected and reminded of proper ways of dealing with situations.
2. Child will be removed from activity.
3. Parent will be notified.
4. Finally, a conference will be held with the parent, child and tutor.

If the behavior is not corrected once these steps are taken, the child may be asked to not attend the JISD After School Program for an appropriate amount of time. During the expulsion, the parent will not be given a refund.

Emergency Procedures:

If an emergency occurs, the following procedures will be followed.

1. 911 will be called if there is a severe, medical emergency.
2. Parents of the involved child will be called.
3. If the emergency is not serious, the parents will be called first.

Medication Administration:

Medication **WILL NOT** be administered by tutors.

I have received and agree to abide by the guidelines stated in the handbook.

Parent signature: _____ Date: _____

Student signature: _____ Date: _____

REGISTRATION FORM

Child's Name: _____

Please enroll my child in the after school program...

2 days/week 3 days/week 4 days/ week 5 days/week

Please specify which days: _____

Birth Date: _____ Sex: Male Female

Home Address: _____

Home Phone Number: _____

Parent's/Guardian's Names: _____

Work Phone Numbers: _____

Cell numbers _____

Email Address _____

Please list all persons authorized to pick up your child including parents and guardians.

1. Name: _____ Work Phone # _____

Home # _____ Cell # _____

2. Name: _____ Work Phone # _____

Home # _____ Cell # _____

3. Name: _____ Work Phone # _____

Home # _____ Cell # _____

4. Name: _____ Work Phone # _____

Home # _____ Cell # _____

5. Name: _____ Work Phone # _____

Home # _____ Cell # _____

HISTORY FOR AFTER SCHOOL PARTICIPANTS

Child's name _____

If you are not able to be reached in an emergency, notify: _____

Phone # _____

Chronic or recurring allergies, illnesses or medical condition:

Activities encouraged or limited by a physician:

Dietary restriction:

Current medications:

Other diseases:

Dentist/orthodontist: _____ phone: _____

Family physician: _____ phone: _____

Do you carry medical/family insurance? ___ yes ___ no

Insurance carrier _____

Policy or group # _____

Hospital preference:

This health history is correct so far as I know, and the person herein described has permission to engage in all JISD after school activities except as noted.

Parent/Guardian Signature Date

**RESPONSIBLE PARTY.....
PLEASE READ AND SIGN BELOW**

I understand that JISD After School claims no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in any after school activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries which may result from his/her participation in these activities. In consideration of the privilege of participating at the JISD After School Program, I hereby voluntarily release and discharge the JISD After School Program, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

I hereby give my permission to the medical personnel at Georgetown Healthcare Systems or Georgetown Clinic to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the After School Tutors to secure and administer treatment, including hospitalization, for my child.

I understand that no accident or medical insurance is provided with this activity.

Parent/Guardian Signature

Date

TUITION AGREEMENT

Terms of Agreement:

Payment **MUST** be received as specified in the handbook in order for JISD After School Program to continue services.

I understand that if my payment is not received as specified above, my child(ren) will be removed from the program until tuition balance and late fee (\$15/child) have been paid in full. Any delinquent payment may result in termination of agreement.

Parent/Guardian Signature

Date

Tuition:

Tuition is due in full on the 1st of each month. There will be a \$15.00 late fee if payment is not received within 5 days of due date. If the due date is on a day school is closed, payment is to be made the first school day after the date specified.

- If your child attends 2 days a week, you pay \$100.00 a month.
- If your child attends 3 days a week, you pay \$125.00 a month.
- If your child attends 4 days a week, you pay \$150.00 a month.
- If your child attends 5 days a week, you pay \$175.00 a month.

Return Checks:

There will be a \$20.00 charge for every returned check.
After there is one returned check, no personal checks will be accepted.