



After School Care (ASC) Program Registration Packet 2011-2012

Items required for completing your child's registration for ASC:

- Application for Enrollment
- Registration Fee
 - (\$25 first student, \$15 second student, free for addt'l students)
- Schedule and Payment for August

The After School Program is a Cross of Hope Church & Schools Outreach program. All questions concerning the program, fees, and payments are to be directed to Sharon Halstead, Principal, or Deidre Bruns, Office Manager at 897-1832.

Cross of Hope Elementary School
6104 Taylor Ranch Road NW | Albuquerque, New Mexico 87120
Telephone: (505) 897-1832 | Fax: (505) 897-9455

PROGRAM INFORMATION

The After School Care Program at Cross of Hope Elementary School operates on school days only. It is available on early dismissal days as well as regular dismissal days. It is **NOT** available when school is not in session.

The After School Program is located in the main school building. The school foyer, library, Great Hall alcove, and school playground may all be utilized after school hours.

Daily Program Hours: 3:15 p.m. – 5:30 p.m. on Monday – Thursday
12 p.m. – 5:30 p.m. on Friday
Early dismissal days, including Fridays, have two sessions for after school care. The first is from 12 p.m. until 3:15 p.m. and 3:15pm until 5:30pm.

Standard Operating Procedure: Children are to meet program director at dismissal time in the school foyer where they will remain under the Director’s supervision until picked up by a parent or designated responsible adult. Children in the program are given a snack each day, as well as indoor and outdoor play time, homework time, crafts and games.

*Please contact the school office at 897-1832 if an enrolled child will not be in attendance on days for which s/he is registered. Regular attendance will be taken and families called immediately, should a student not be present without notice. It will not be possible to routinely shift scheduled After School Care days.

Children must be picked up no later than 5:30 p.m. each school day. A fee of \$5.00 will be assessed for every 15 minutes that a parent is overdue in picking up their child based on their child’s expected attendance for that day. For example, if the child is only enrolled for the first session on a Friday and they are picked up after 3:30, the parent or guardian will be charged a late fee. Repeated offenses will require the withdrawal of the child from the program. All behavior expectations and disciplinary action will follow the guidelines outlined in the COHES student handbook.

Program Fee Schedule: \$8.50 each Monday through Thursday.
\$17.00 each Friday.
Fees are per child per day.

Payment: Applicable fees are due the first of each month and are based on the number of scheduled school days in each month. Checks may be made out to Cross of Hope Elementary School (COHES). All payments must be received in the School Office **prior** to students receiving care. Walk-in care is **NOT** available at this time. Payments will **NOT** be accepted by the program director.

Registration Fees: 1st Child: \$25.00
2nd Child: \$15.00
Additional Children: Free

PROGRAM SCHEDULE

MONDAY THROUGH THURSDAY SCHEDULE (3:15 – 5:30 p.m.)

- 3:15-3:20 Children are to meet Program Director in school foyer.
- 3:20-3:30 Attendance, Prayer, Greetings
- 3:30-4:15 Snack and Recess - Students will take snack outside to playground on fair weather days.
- 4:15-4:45 Homework Club – Students without homework will have quiet reading time.
- 4:45-5:15 Activity Time – Children will be engaged in activities set by the director which may include organized games, arts/crafts, cooking, gardening, etc.
- 5:15-5:30 Clean-up – All children are responsible for putting toys, craft supplies, etc. away and tidying their environments.

FRIDAY SCHEDULE (12:00 – 5:30 p.m.)

- 12:00-12:15 Children are to meet Program Director in school foyer.
- 12:15-12:30 Attendance, Prayer, Greetings
- 12:30-1:00 Lunch
- 1:00-2:00 Recess
- 2:00-2:30 Read Aloud and Coloring Time – The Director will read aloud a variety of age-appropriate books while children are coloring or engaging in a quiet activity.
- 2:30-3:00 Cooking Activity – Snacks will be peanut-free and fun to make.
- 3:00-4:00 Snack and Recess
- 4:00-4:45 Activity Time
- 4:45-5:15 Homework Club
- 5:15-5:30 Clean-up

**Parents or designated adults must sign out their child with the Director.

**Specific schedule elements may change at the will of the Director without prior notice.

SNACKS AND FRIDAY LUNCHES

Parents must send students with an afternoon snack Mondays through Thursdays. Due to extended hours on Fridays, students will need a sack lunch with a drink. **An additional afternoon snack will be provided on Fridays by the Director.**

If your student has a food allergy, *please make the director aware*** of this and send your child with snacks to provide for his/her unique dietary needs.**

REGISTRATION FORM 20__-20__

Registration Fee (please attach to this packet):

- € First Child, \$25
- € Second Child, \$15
- € Third Child, free
- € Fourth Child, free

Child's Name _____
 Birth Date _____ Age _____ Gender _____
 Address _____
 City _____ Zip _____
 Home Phone _____ Grade _____
 E-Mail Address _____

Guardian 1: Name _____
 Employer _____
 Employer Address _____
 Phone (W) _____ (C) _____
 Can this person pick up the child? _____

Guardian 2: Name _____
 Employer _____
 Employer Address _____
 Phone (W) _____ (C) _____
 Can this person pick up the child? _____

Director will need a copy of the official court order if the answer to either question is no.

In the event I am unable to pick up my child, the following people are allowed to do so. Parents or designated adults must sign out the child with the Director and present photo identification prior to leaving the facility.

Emergency Contact Information:

1. Name _____ Relationship _____
 Phone Numbers (H) _____ (W) _____ (C) _____
2. Name _____ Relationship _____
 Phone Numbers (H) _____ (W) _____ (C) _____

My child's estimated monthly After School Care schedule (For Planning Purposes Only):

Days	Monday (\$8.50)	Tuesday (\$8.50)	Wednesday (\$8.50)	Thursday (\$8.50)	Friday (\$17)
Hours					

of Days (M-Th) in month _____ x \$8.50 = A. _____

of Fridays in month _____ x \$17.00 = B. _____

Approximate Monthly Cost (add lines A and B) = _____

_____ I understand that I am responsible for paying all applicable fees.

_____ I understand that I am responsible for notifying the school office of any absences.

_____ I also understand that I am agreeing to all the terms outlined in this packet and committing to use this program for the current school year.

Parent's/Guardian's Signature _____ **Date** _____

STUDENT HEALTH INFORMATION

Please print all requested information.

Student's Physician:

Doctor's Name _____ Phone _____

Address _____ Fax _____

Student's Dentist:

Dentist's Name _____ Phone _____

Address _____ Fax _____

Insurance Information:

Medical Insurance Company _____

Policy Number _____

Dental Insurance Company _____

Policy Number _____

Desired Hospital In Case of Emergency _____

Health Information:

I consider my child's health to be (circle one): Excellent Above Average Average Poor

If "Poor" please explain: _____

Health History:

Yes	No		Yes	No	
___	___	Asthma	___	___	High Blood Pressure
___	___	Bleeding Trait	___	___	Migraine Headaches
___	___	Congenital Defect	___	___	Nervous Stomach
___	___	Convulsions	___	___	Rheumatic Fever
___	___	Depression	___	___	Sinus Trouble
___	___	Diabetes	___	___	Thyroid-overactive
___	___	Epilepsy	___	___	Thyroid-underactive
___	___	Hay Fever	___	___	Mental Health Problem
___	___	Hepatitis	___	___	Hyperactive
___	___	Chicken Pox	___	___	Other: _____

Please explain any check marked items from above: _____

Does your child require an EpiPen? Yes ___ No ___ **If yes, please attach a copy of the allergy action plan.**

Does your child have any other special needs that we should be aware of? _____

FOR PLANNING PURPOSES

This is to help us plan for the growth of the program and does not affect admittance of your student to the ASC program.

We anticipate using the Cross of Hope Elementary School After School Program for the duration of our child(ren)'s time at Cross of Hope? YES ___ NO ___ Date _____