After School Information Sheet

**After School Hours, Fees & Requirements**

* After School is available for Elementary children ages 5-12. Groups: 5-8 years old & 9-12 years old
* After School: hours: Monday – Friday 2:30pm-5:30pm. A late fee of $1.00 per minute per child, after 5:30. All late charges are due by Friday of that week. If you’re late on Friday, late fee is due on the following Monday. There is a clock in our Program Room with the official time on it. If FCP&R can’t contact parents or guardian, we will call the Fairfield County Sheriff’s Department.
* The cost of After School is $30.00 for the first child and $15.00 for each additional sibling.
* All payments are due the Friday before.
* We accept cash and checks for payment.
* There is a $25 service charge on all return checks.
* YOU MUST SIGN YOUR CHILD OUT EACH DAY. **NO EXCEPTIONS**

**Rules**

* **Bullying or being disrespectful in any form will NOT be tolerated and will result in immediate dismissal from After school without refund.**
* Good Sportsmanship is expected.
* Use respectful language at all times.
* Listen to, cooperate with, and respect your Counselors at all times.
* **No** fighting, horse playing, cursing, name calling, or taunting any other child.
* Take care of the Recreation’s property and supplies.
* Respect others and their property.
* Wear tennis shoes each day.
* Do **Not** bring CELL PHONES or ANY OTHER ELECTRONICS. The Recreation is not responsible for any lost items.
* Snack time is QUIET TIMES.
* ” Inside voice” is required at all times inside the Building, except when in the Gym.
* NO FOOD or DRINKS IN THE GYM.
* Stay with group at all times.

**Disciplinary Action**

We will redirect behavior as much as we can but depending on the severity of the incident, the following steps will be taken:

**1st Time**- Verbal Warning & Time Out Group Participation

**2nd Time**- Written Warning, Time Out from Group Participation and Will Not be allowed to attend the next scheduled day.

**3rd Time**- Written Warning, Child will be suspended from After School.

**\*Depending on the situation FCP&R reserve the right to dismiss a child without a refund**.

**The Fairfield County Parks & Recreation does not use corporal Punishment.**

**Special Arrangements**

* If your child has any concerns, special needs, medical issues or circumstances that the staff should be aware of let the Program Coordinator know.
* Medical Forms need to be filled out for all medicine. See Program Coordinator if you need a form.

**Sick Polic**y

* All Children should be free of any contagious or communicable conditions
* If your child leaves school sick, they are not allowed attend After School.

**Injuries**

* An incident report will be provided at the end of the day in the event of an injury, we ask you sign it and we will keep it in your child’s file. If you need a copy we can make you one.
* In case of a serious injury, parents will be contacted immediately.
* After School staff is trained in first aid, AED, and CPR.

**Holidays**

* Fairfield Parks & Recreation After School Program runs off The Fairfield County School District Calendar.
* We have no After School on days school is closed.

**If you have any questions please contact us:**

Cindy Pauley Marsha Cloud

Program Coordinator Program Specialist

(803)635-9114 (803)815-2488

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[Cindy.pauley@fairfield.sc.gov](mailto:Cindy.pauley@fairfield.sc.gov)

**\*You may keep the above pages. Please Sign and return pages below.\***

**Please read Carefully:** By signing below I understand all the rules and policies stated above**.** Participating in FCP&R after school, you are expressly assuming the risk and legal liability and waving and releasing all claims for injuries, damages or loss which might be sustained as a result of participating in any and all activities, including transportation. I acknowledge that there is certain risk of physical injury to participants in these programs and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child may sustain as a result of participation. I further agree to waive and relinquish all claims my child may have as a result of participating in these programs against the Fairfield County Parks & Recreation and its agent, counselors, volunteers and employees.

I understand photographs of my child/children’s participation in this program may be used by the Parks & Recreation Department to promote the recreation events and facilities, without compensation and without additional approval.

Parents or Guardians Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Child /Children Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 10-19-2018

After School Information Sheet

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents Information:**

**Mother:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: home \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: home\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child\_\_\_\_\_\_\_\_\_\_

Phone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child\_\_\_\_\_\_\_\_\_\_

Phone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_

**List of people who can pick up your child**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List of anyone who CAN NOT pick up your child** (Legal documents must be provided to keep a parent from picking up their child)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_