

# **Haven After School Handbook**

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## **Admission Policy:**

Enrollment is open to any child ages 5-12 years old. Enrollment in the after school program shall be granted without discrimination in regard to sex, race, color, religion, national origin, ancestry, or physical handicap. (KSA 44-1009)

## **Registration Policy:**

In order for your child to participate in our program the following must be filed with us:

- \*Enrollment form/parent agreement page
- \*KDHE health forms & immunization records/Medical Care
- \*Child release form

## **Confidentiality**

Each child's information is kept confidential. After School Program staff is not allowed to disclose information unless required by law. Failure of an employee to adhere to this policy will result in disciplinary action up to and including termination.

## **Hours of Operation**

**Monday-Friday 3:30 p.m-5:30 p.m.**

\*The after school program will only be offered when school is in session.

\*If school is canceled for that day or for a snow day the After School Program will be cancelled.

\* Any child picked up after 5:30 will be charged a late fee of \$5.00. If the child is there until 6:00 the police will be called.

## **Payments:**

\*Please let the staff know a week in advance if you need to withdraw from the program.

\*If you withdraw without notice you will be charged for that week.

\*All payments need to be made the Friday before your child's care for the upcoming week.

\*If for any reason we are closed you will pay on the next day school is open.

## After School Program Enrollment Form



Name of Child: \_\_\_\_\_

Name of Parents/Legal Guardian: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Please list any health condition or allergies your child has:

\_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_

Phone: \_\_\_\_\_

Cost of After School Program: \$30/week

Drop in Rate: \$10 a day

2 kids/Family \$50/wk and \$15/drop in

3 kids/Family \$80/wk and \$20/drop in

Will you be paying with    \_\_\_cash    \_\_\_check

### **Child Release of Information**

As the Parent or Legal Guardian of \_\_\_\_\_

I hereby give permission to the following persons to pick up my child. I understand that by signing below the After School Program Staff may release my child to those listed below in my absence. Any adult picking up my children **MUST** show proof of identification each day! The people listed below will also need to provide proof of identification before your child will be released.

#1 Name: \_\_\_\_\_ Age if under 21: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

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

#2 Name: \_\_\_\_\_ Age if under 21: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

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

#3 Name: \_\_\_\_\_ Age if under 21: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

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