



*Benton Elementary*  
*After School Program*  
*Handbook*

# **Table of Contents**

## **A.S.P. Policies**

It is necessary to have a current registration form on every student in case there is a need to contact the parents/guardians.

All students will have homework time, snack time, outside time, and activity time in the room. Friday's are "Free Time" when the student's are not required to do homework. They might have extra outside time, movie and popcorn, crafts, etc...

Please note that an approved adult must sign out all students. If someone else not on the registration form will be picking up a child the school office and the A.S.P. must be notified. We would prefer a note be sent, but if an emergency should arise a call must be placed to the school office and/or the A.S.P. room. The school number is 706-757-2211 and the A.S.P. number is 706-757-3107.

Late fees: The late fee is \$1.00 per minute for each minute after 6:00 p.m. The local police department may be called for any child/children not picked up by 6:30 p.m.

## **Registration Fee**

Registration fees are \$10.00 per child and only charged once a school year.

## **Rates**

Payments are **prepaid** at the beginning of each week. Send fees in an envelope or check (payable to Benton Elementary ASP) with the student's name and teacher's name.

\$5.00 per day if child is picked up by 4:30

\$7.00 per day if child is picked up after 4:30

Each additional child (immediate family member) will be \$5.00 per day regardless of time picked up.

## **Past Due Accounts**

If a child owes for two weeks they are out of the program until their balance is paid in full.

If a child transfers from another Jackson County School and owes a balance at their former school, they will not be allowed to attend the new A.S.P. until the balance is paid in full at the previous school.

## **Returned Checks**

If a returned check is not paid in full within two weeks the child cannot attend the program.

If a parent/guardian writes two checks that are returned by the bank they will be required to pay cash for all of their A.S.P. fees.

The charge on returned checks is \$10.00 per check.

## **Health and Medical Issues**

If a child is sick the parent/guardian will be called to pick the child up as soon as possible. If a child has been sick during the school day, they must be picked up by the end of the school day and not attend the A.S.P. If a child is too sick to participate fully in the A.S.P. activities they should be picked up by a parent/guardian as soon as possible.

Parent/guardian will be called if anything other than a minor injury and/or sickness should occur.

## **Discipline**

The after School Program will follow the “three strikes” guidelines.

Discipline form must be filled out, signed and dated by the staff and parent/guardian. Copies may be sent to the teacher, principal, and/or counselor.

After the third offense the child may be suspended for one day up to one week, or may be removed from the program depending on the offense they were written up for.

A copy of the Discipline Form is attached for your viewing.

# Benton Elementary After School Program DISCIPLINE FORM

Dear Parents,

The After School Program is a privilege. We must strive to provide an atmosphere which is conducive to safety and appropriate behavior while attending the after school program. Maintaining proper conduct while in the program is the joint responsibility of the students, parents, and teachers. The A.S.P. will follow the "three strikes" guidelines. After the third offense the child may be suspended for one day up to one week, or may be removed from the program depending on the offense they were written up for. Because of your child's recent behavior, it is my responsibility to report the following violations to you.

---

## INFRACTION

- Refusing to obey teacher
- Fighting
- Profanity
- Disrespect to staff
- Failure to follow directions
- Failure to remain seated
- Involved in physical contact
- Other

## DISCIPLINE ACTION TAKEN BY STAFF

- Conference with teacher
- Warning
- Letter to parent/guardian
- Time out
- Assigned seat
- Withdrawn from the program

---

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1<sup>st</sup> Offense

2<sup>nd</sup> Offense

3<sup>rd</sup> Offense

Staff Member's Signature \_\_\_\_\_

After 3<sup>rd</sup> offense, the student may be withdrawn from the program.

\_\_\_\_\_  
Parent's Signature Date

\_\_\_\_\_  
Student's Name Date

\_\_\_\_\_  
Teacher's Name Date

# Benton Elementary After School Program Registration Form

**NOTE: A \$10.00 REGISTRATION FEE IS DUE AT THE TIME OF REGISTRATION FOR THE AFTER SCHOOL PROGRAM FOR EACH CHILD.**

Name \_\_\_\_\_ Teacher \_\_\_\_\_

Home \_\_\_\_\_

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

\_\_\_\_\_ Date of birth: \_\_\_\_\_

Father's name: \_\_\_\_\_ Work # \_\_\_\_\_

Mother's name: \_\_\_\_\_ Work# \_\_\_\_\_

In case of emergency call: (name other than parents): \_\_\_\_\_

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

**AFTER SCHOOL PROGRAM – BEFORE 4:30 PICK-UP (prepaid)**

\_\_\_ Full week at \$25.00 per week      \_\_\_ Individual days at \$5.00 per day

**AFTER SCHOOL PROGRAM – AFTER 4:30 PICK-UP (prepaid)**

\_\_\_ Full week at \$35.00 per week      \_\_\_ Individual days at \$7.00 per day

**CIRCLE DAYS IF INDIVIDUAL DAYS**

Monday      Tuesday      Wednesday      Thursday      Friday

**PARENT WILL PICK CHILD UP EACH DAY AT APPROXIMATELY:**

3:30      4:00      4:30      5:00      5:30      6:00

**OVERTIME FEE: \$1:00 PER MINUTE OVER (6:00 P.M.) PICK UP TIME!!!**

**The local police will be called for any child/children at 6:30.**

The following people may pick up my child from the Benton After School Program (other than parents):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

If school should close because of weather or any other reason, please have my child:

Go home on bus # \_\_\_\_\_ or ride with \_\_\_\_\_ Phone # \_\_\_\_\_

**CHOOSE ONE OF THE FOLLOWING OPTIONS:**

1. Parent has 24-hour protection school insurance.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Parent will assume liability for accidents and injuries incurred during after school care program.

Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**SPECIAL INSTRUCTIONS (ALLERGIES, DIET, MEDICAL, ETC...)**

I HAVE READ AND UNDERSTAND THE POLICIES AND PROCEDURES CONCERNING PAYMENTS, LATE FEES, AND DISCIPLINE CONCERNING MY CHILD'S PARTICIPATION IN THE JACKSON COUNTY SCHOOL SYSTEM'S AFTER SCHOOL PROGRAM.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_