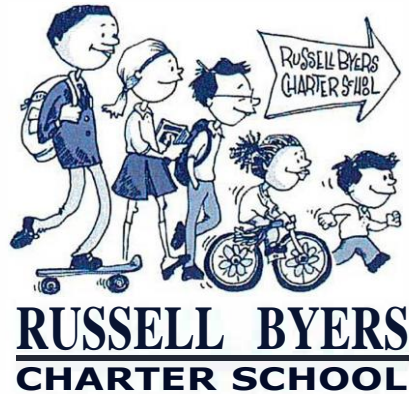


RUSSELL BYERS **CHARTER SCHOOL**

CARPE DIEM' BEFORE & AFTERCARE PARENT HANDBOOK 2021-2022

Russell Byers Charter School
1911 Arch Street
Philadelphia, PA. 19103
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www.byerschool.org



Carpe Diem Before and After Care Program Parent Handbook

Mission

To provide an extension of quality education that is offered by Russell Byers Charter School. We strive to provide peace of mind for working parents, who demand and deserve safety and enriching activities for their children beyond the school day.

Contact Information

Parents may contact the Director, Ms. Shirley Dyson, from 8:00 AM to 6:00PM to address any issues or concerns. A parent can request a meeting with the director of the program at any time to discuss any matter of concern. It's best to email Ms. Dyson at sdyson@byersschool.org

Description of Services

The Daily Aftercare program will include:

- Snacks
- Homework Assistance
- Outdoor Activities, including organized games
- Indoor Games and Enrichment Activities

Homework

All Students will be scheduled for a structured homework time, which includes assistance. If you wish for your child to miss an activity in order to complete their homework, please discuss this with Ms. Dyson.

Hours of Operation

- Before Care will begin at 7:30 AM and end at 8:30 AM.
- 4K-8th After-Care program will operate from 4:00pm – 6:00pm.

Enrollment Procedures

All children attending the program **must be** registered at the school. Registration forms need to be completed each year for each child, and a registration fee of \$20.00 is due for each student. Your registration fee will go towards your first payment.

Financial Information

Fees are paid at the end of each week on Friday for services. Non-payment of scheduled fees will result in the student being withdrawn from the program. Payment is due no later than Monday 6:00PM., or program closing time, of the scheduled payment due date. **Late fees will automatically be applied in the amount of \$25.00.** We accept money order, check and cash transactions.

Parents are responsible for keeping their receipts for payment.

Fees: All fees are based on a part-time day.

The following are the fees for before and aftercare:

- Registration fee: \$20.00
- Before care: \$20.00 per week
- Drop-in rate for before care: \$10.00
- Aftercare: \$75.00 per week
- Drop-in rate for aftercare: \$20.00
- Sibling discount: \$65.00 (aftercare only one sibling only)

***Failure to pay for Carpe Diem Services may result in your child being withdrawn from the program.**

Late Pick-Up

Children are to be picked up by the program's closing time of 6:00PM.

A late pick-up fee of \$5.00 will be charged for the first minute late and \$1.00 for every minute after the first minute.

Late fees must be paid at time of pick up or late fees will be applied to the account in the amount of \$25.00. **There are no exceptions to this policy.**

Three late pick-ups result in children being suspended from program for one week

Four late pick-ups result in children being withdrawn from the program.

Before Care Program - Arrival Procedure

Students enrolled in the Before Care program must enter through the front of the building.

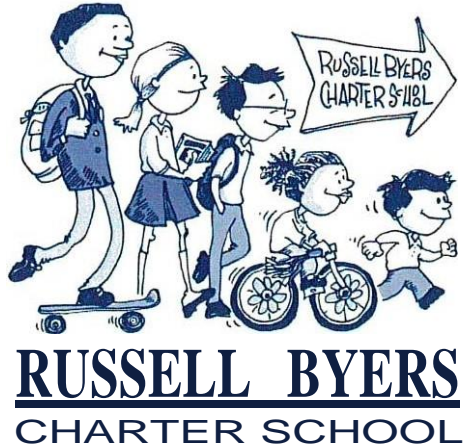
Students enrolled in the Before Care program will not be permitted into the school until 7:30A.M. and must not be dropped off prior to this time as there is no supervision present. Students **not** enrolled in the Before Care program will not be permitted into the school building until 8:00A.M.

After Care Program - Departure Procedure

- Students must be picked up by 6:00PM.
- Parents or authorized pick-up personnel must sign the child out with a signature at the front desk and or with the designated afterschool teacher. Photo ID may be required. Children will only be released to the Primary and Secondary Parent/Guardian as well as those listed on the Authorized Pick-up list.

Student Behavior and Discipline Policy

All children attending the Program are expected to follow the "Code of Student Conduct" for Russell Byers Charter School, (RBCS). Please reference the "Code of Student Conduct" provided in the RBCS Parent/Guardian Handbook and also found on the RBCS website at www.byerschool.org.



Carpe Diem

Before/After Care Program Parent Contract

PLEASE SIGN AND RETURN TO DIRECTOR

Child's Name _ _ _ _ _

I understand the policies and procedures that have been outlined in the Parent Handbook. I also understand that these are in place to ensure the safety and wellbeing of my child while attending the program. I have read them and agree to follow them. I have also discussed the rules of the program with my child.

In addition, I understand some of my responsibilities as a parent/guardian include, but are not limited to:

- Picking up my child by 6:00PM, or I will be charged a late fee
- Following payment procedures
- Keeping the Director informed of a change in emergency contact information
- Notifying the Director, if my child is going to be withdrawn from the program
- Notifying the Director of any change in child's health, if participation is limited

A child may be exited from the program, if a parent does not meet the above responsibilities on a consistent basis.

Parent/Guardian Signature _ _ _ _ _ Date _____

AGREEMENT

55 PA CODE CHAPTERS 3270.123 & 181(c); 3280.123 & 181(c); 3290.123 & 181(c)

Before care only _____ Aftercare only _____ Before and Aftercare _____

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.) Russell Byers Charter School will provide before care / aftercare services.		
Children will be given snacks, academic enrichment theme-based activities and recreational activities. Before care hours are 7:30AM-8:30AM. Aftercare hours are 4:00PM-6:00PM.		
Children are to be picked up by the program's closing time of 6:00 PM. A late pick-up fee of \$5.00 will be charged for the first minute late and \$1.00 for every minute after the first minute.		
Late fees must be paid at the time of pick up or late fees will be applied to the account in the amount of \$25.00. There are no exceptions to this policy.		
Children are expected to adhere to all rules and regulations/policies that are required of the Russell Byers Charter School as stated in the Family Handbook.		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

received complete written program information at the time of enrollment (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

SIGNATURE - OPERATOR
DATE
SIGNATURE - PARENT OR GUARDIAN
DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____	_____
SIGNATURE - PARENT OR GUARDIAN	DATE

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & 182; 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME / LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME / LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)		TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	ADDRESS	TELEPHONE NUMBER
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL SITUATION
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF A CHILD		
HEALTH INSURANCE COVERAGE FOR A CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST – AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACULTY	WADING	

SIGNATURE OF PARENT or GUARDIAN

DATE

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

Parents may write immunization dates; health professional should verify and complete all data.

DO NOT OMIT ANY INFORMATION								
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.								
HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY): <input type="checkbox"/> NONE								
DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY. <input type="checkbox"/> NONE								
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> NONE								
LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES. <input type="checkbox"/> NONE								
IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN YOUR ANSWER:								
HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO			NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.					
			VISION (subjective until age 3)					
			HEARING (subjective until age 4)					
			LEAD					
RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD								
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS		
HEP-B								
ROTAVIRUS								
DTAP/DTP/TD								
HIB								
PNEUMOCOCCAL								
POLIO								
INFLUENZA								
MMR								
VARICELLA								
HEP-A								
MENINGOCOCCAL								
OTHER								
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT				
ADDRESS:				TITLE:				
			PHONE:	LICENSE NUMBER:		DATE FORM SIGNED:		

Registration Check List

Child's Name _____

Agreement

\$20.00 Registration Fee

Emergency Contacts

Health Form

Signed Letter from Carpe Diem Handbook