CARPE DIEM' BEFORE & AFTERCARE PARENT HANDBOOK 2021-2022

Russell Byers Charter School
1911 Arch Street
Philadelphia, PA. 19103
Ph: (215) 972-1700
Fax: (215) 972-1701
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@byerschool.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 4:00 pm – 6:00 pm.

**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 Non-payment of scheduled fees will result in the student being withdrawn from the program.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 6:00 PM, 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*Failure to pay for Carpe Diem Services may result in your child being withdrawn from the program.*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 6:00 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 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 7:30 A.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 8:00 A.M.

**After Care Program - Departure Procedure**

- Students must be picked up by 6:00 PM.

- 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](http://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 ____________
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

SIGNATURE - PARENT OR GUARDIAN         DATE

PERIODIC REVIEW
# 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

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<th>CHILD’S NAME</th>
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<th>MOTHER’S NAME / LEGAL GUARDIAN</th>
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<tr>
<th>EMERGENCY CONTACT PERSON(S)</th>
<th>TELEPHONE NUMBER WHEN CHILD IS IN CARE</th>
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<tr>
<th>PERSON(S) TO WHOM CHILD MAY BE RELEASED</th>
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<tr>
<th>NAME OF CHILD’S PHYSICIAN/MEDICAL CARE PROVIDER</th>
<th>TELEPHONE NUMBER</th>
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<tr>
<th>SPECIAL DISABILITIES (IF ANY)</th>
<th>ALLERGIES (INCLUDING MEDICATION REACTION)</th>
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<tr>
<td>MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</td>
<td>MEDICATION, SPECIAL SITUATION</td>
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<td>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF A CHILD</td>
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<tr>
<th>HEALTH INSURANCE COVERAGE FOR A CHILD or MEDICAL ASSISTANCE BENEFITS</th>
<th>POLICY NUMBER (REQUIRED)</th>
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## PARENT’S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

<table>
<thead>
<tr>
<th>OBTAINING EMERGENCY MEDICAL CARE</th>
<th>ADMIN. OF MINOR FIRST – AID PROCEDURES</th>
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<tr>
<td>WALKS AND TRIPS</td>
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**SIGNATURE OF PARENT or GUARDIAN**

**DATE**

**PERIODIC REVIEW**

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**SIGNATURE OF PARENT or GUARDIAN**

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MEDICAL CARE PROVIDER:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

ADDRESS:

PHONE:

LICENSE NUMBER:

DATE FORM SIGNED:

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

Child's Name ____________________________________________________________

__Agreement

__$20.00 Registration Fee

__Emergency Contacts

__Health Form

__Signed Letter from Carpe Diem Handbook