

# Battlefield Elementary School After-School Program Registration Information 2023-2024 School Year

- Please complete the front and back of the registration form for each child and return it to the school along with a \$5.00 non-refundable registration fee. Registration form and \$5.00 enrollment fee must be received PRIOR to using ASP services, per County guidelines.
- Our After School Program is located in our cafeteria. It is available from dismissal time until 6:00 p.m. Monday-Friday when school is in session. When you pick your child up you will ring the bell on the right side of the front entrance, show your Identification and you will enter the building and proceed to the cafeteria to pick up your child.
- Your child's invoice will be emailed to you. Please include an email address on the registration form. A paper copy will also accompany your child home when they leave on Thursday for the first few weeks, if you would like. If they do not attend ASP on Thursday they will receive the invoice on the following day. Payment is still expected on Friday and will be considered outstanding on Monday.
- Parents are billed weekly each Thursday and are expected to be paid in full by Friday. Weekly bills include charges and payments incurred from the previous Thursday through Wednesday. Bills may be paid either on Thursday or sent in with your child on Friday. You may pay ahead of time to keep a credit on their accounts to cover fees. We accept Cash or Check only. We do not accept debit or credit cards.
- Failure to pay will result in an automatic withdrawal from the after school program until the balance is paid in full. Please keep in mind that students with an outstanding balance will not be allowed to attend ASP on Monday and may be suspended from the ASP program. If your child is on the suspended list for a period of two weeks you will be required to pay on a daily basis.
- Students are signed in at 2:45 and may be picked up no earlier than 3:00 so as to not interfere with dismissal. If you have a last minute transportation change from ASP to car rider or bus rider please notify the school office before 2:00.

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**Purpose:** The Battlefield Elementary After-School Program, as an extension of the regular school day, provides educational opportunities for students after school hours. The safe and caring learning environment is intended to meet the needs of students who would otherwise be home alone after school.

**Philosophy:** Our ASP supports and encourages the social, emotional and physical development of each child. Activities include supervised outside play, snacks, reading and educational activities.

**Enrollment:** Complete front and back of an enrollment form for each child and return it to the school along with a \$5.00 non-refundable registration fee. **Registration form and \$5.00 enrollment fee must be received PRIOR to using ASP services, per County guidelines.**

**Hours:** ASP is located in the Cafeteria at BES. It is available from dismissal time until 6:00 p.m. Monday – Friday when school is in session. We are not open during In-service or inclement weather days. The After School Program will not be available on the last day before Christmas Break and the Last Day of school. ASP will not be held on days when school closes early for inclement weather.

**Fees:** Parents are charged for ASP by the hour. For families with more than one child in Battlefield Elementary ASP, charges will be full price for the first child and each additional child will be half price. Current rates are as follows:

· Dismissal – 3:45	\$4.50
· 3:46 – 4:15	\$6.75
· 4:16 – 4:45	\$9.00
· 4:46 – 5:15	\$11.25
· 5:16 – 5:45	\$13.50
· 5:46 – 6:00*	\$15.75

Parents are billed weekly on Thursday and are expected to pay in full by Friday. Students with an outstanding balance on Monday will not be allowed to attend ASP until paid in full, there will be NO EXCEPTIONS!

If a student is terminated twice due to outstanding payment, the student will be on a Pay Per Day for the remainder of the school year.

In the case of returned checks, BES is a member of Envision Payment Solutions (check amount & \$30 fee will be collected through this agency). Please see complete notice at ASP desk for more information. If we have two returned checks, parents will be required to pay in cash for the remainder of the school year.

***\*Students picked up after 6:00 p.m. will incur a charge of \$2.00 per minute in addition to the hourly rate.***

# Battlefield Elementary School After-School Program Rules

## PARENT COPY

### At All Times:

- Be respectful to teachers and students.
- Obtain permission from a teacher before leaving an area.
- Always walk.

### Snack Time:

- No talking during check in.
- Be mannerly and talk quietly during snack time.
- Keep your snack area clean.

### Activity Time:

- Maintain an "inside voice".
- Use equipment properly.
- All children are responsible for cleaning up and maintaining equipment.

### Study Time: Bring all needed supplies (paper, pencil, books, etc.).

- Work or study quietly.
- Raise your hand for assistance.

## Discipline Procedures

We expect children to have a good time and enjoy the After-School Program and follow the rules at all times. However, if needed, discipline will be handled in a routine manner. "We will follow the school wide discipline procedures. (Refer to school handbook.)" 1st write up -1 day no playtime, 2nd write up - 3 days no playtime, and 3rd write up - a meeting with the Director and possible expulsion from the After School Program. This pertains to ALL students registered in the program.

My child and I have discussed the importance of following the above stated rules. I agree to abide by the policies and procedures of the After-School Program as outlined in the student handbook. Please sign the last page of this registration form.

Registration Paid: Cash\_\_\_\_\_ Check #\_\_\_\_\_
CCPS employee: \_\_\_\_\_ Date : \_\_\_\_\_

Date:\_\_\_\_\_

BES After-School Program Registration Form
2023-2024 School Year

CHILD'S NAME\_\_\_\_\_ GRADE\_\_\_\_\_
ADDRESS\_\_\_\_\_ TEACHER\_\_\_\_\_
CITY\_\_\_\_\_ ZIP\_\_\_\_\_ HOME PHONE\_\_\_\_\_
MOTHER'S NAME\_\_\_\_\_ EMPLOYER \_\_\_\_\_
CELL\_\_\_\_\_ WORK\_\_\_\_\_
FATHER'S NAME\_\_\_\_\_ EMPLOYER\_\_\_\_\_
CELL\_\_\_\_\_ WORK\_\_\_\_\_

I would like to receive my childs invoice by email: yes no \_\_\_\_\_

EMAIL ADDRESS FOR BILLING PURPOSES:\_\_\_\_\_

Does either parent work for Catoosa County Public Schools? If so, where? At All Times:

- Be respectful to teachers and students.
• Obtain permission from a teacher before leaving an area.
• Always walk.

Snack Time:

- No talking during check in.
• Be mannerly and talk quietly during snack time.
• Keep your snack area clean.

Activity Time:

- Maintain an "inside voice".
• Use equipment properly.
• All children are responsible for cleaning up and maintaining equipment.

Study Time:

- Bring all needed supplies (paper, pencil, books, etc.)
• Work or study quietly.
• Raise your hand for assistance.

(This time does not include reading to an adult.)

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My child and I have discussed the importance of following the above stated rules. I agree to abide by the policies and procedures of the After-School Program as outlined in the student handbook.

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

Student's Signature \_\_\_\_\_ Dat \_\_\_\_\_

**REQUIRED: IN CASE OF EMERGENCY, THE FOLLOWING MAY BE CONTACTED (in this order) IF THE PARENTS CANNOT BE REACHED:  
THE FOLLOWING PERSONS ALSO HAVE PERMISSION TO PICK UP MY CHILD FROM ASP:**

NAME\_\_\_\_\_RELATIONSHIP\_\_\_\_\_PHONE\_\_\_\_\_

NAME\_\_\_\_\_RELATIONSHIP\_\_\_\_\_PHONE\_\_\_\_\_

NAME\_\_\_\_\_RELATIONSHIP\_\_\_\_\_PHONE\_\_\_\_\_

NAME\_\_\_\_\_RELATIONSHIP\_\_\_\_\_PHONE\_\_\_\_\_

NAME\_\_\_\_\_RELATIONSHIP\_\_\_\_\_PHONE\_\_\_\_\_

NAME\_\_\_\_\_RELATIONSHIP\_\_\_\_\_PHONE\_\_\_\_\_

NAME\_\_\_\_\_RELATIONSHIP\_\_\_\_\_PHONE\_\_\_\_\_

NAME\_\_\_\_\_RELATIONSHIP\_\_\_\_\_PHONE\_\_\_\_\_

**If any changes need to be made from the above list of contacts, Please come in during ASP hours to make said changes.**

IS YOUR CHILD ALLERGIC TO BEE-STINGS? \_\_\_\_\_ FOOD ITEMS?

\_\_\_\_\_  
PLEASE LIST ANY FOOD RESTRICTIONS:

\_\_\_\_\_  
DOES YOUR CHILD HAVE ASTHMA? \_\_\_\_\_

PLEASE LIST ANY MEDICATIONS\* YOUR CHILD IS CURRENTLY  
TAKING\_\_\_\_\_

\_\_\_\_\_  
**\*MEDICATIONS (INCLUDING OVER-THE-COUNTER) WILL NOT BE ADMINISTERED WITHOUT A DOCTOR'S NOTE**

PLEASE LIST ANY OTHER MEDICAL INFORMATION WE SHOULD  
KNOW:\_\_\_\_\_

\_\_\_\_\_  
NAMES OF SIBLINGS ENROLLED IN ASP AT BATTLEFIELD ELEMENTARY:

1. \_\_\_\_\_TEACHER\_\_\_\_\_

2. \_\_\_\_\_TEACHER\_\_\_\_\_

IN THE EVENT OF ANY EMERGENCY, I AUTHORIZE PERMISSION FOR BATTLEFIELD ASP TO SEEK IMMEDIATE MEDICAL ATTENTION FOR MY CHILD.

PARENT SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_