




STARS RATED LICENSED

## DAYCARE PROGRAMS 2016-17

	<b>Rocket Power</b> ~ 633-4057 Clear Creek Elementary
	<b>Eagle Power</b> ~ 829-0255 Heritage Elementary
	<b>Panther Power</b> ~ 633-7106 Painted Stone Elementary
	<b>Bobcat Mountain</b> ~ 722-5646 Simpsonville Elementary
	<b>Tiger Academy</b> ~ 633-7107 Southside Elementary
	<b>Wright Child Care</b> ~ 633-7105 Wright Elementary

### WELCOME

We are so glad you decided to make us a part of your child's life. Please take the time to read this handbook carefully and refer to it as needed.

Our program is designed to meet the needs of families who need childcare during the hours of operation. It is offered at each elementary school for students enrolled at that school, Kindergarten through the Fifth grade. Our program operates according to the Shelby County Public Schools' calendar and will be open all day on a limited basis (please see page 2 for details). In extraordinary conditions, families will be contacted and informed of any program changes.

If you should still have questions, feel free to contact Shelby County Public Schools' District Daycare Manager at 321-7326 or your school's Program Director:

- Rocket Power 633-4057
- Eagle Power 829-0255
- Panther Power 633-7106
- Bobcat Mountain 722-5646
- Tiger Academy 633-7107
- Wright Care 633-7105

## **HOURS OF SERVICE AND OPERATION**

### **After School:**

Each program runs from school dismissal time until 6pm. A nutritious afternoon snack is provided by SCPS Cafeterias at each school and the menu is posted on the licensing information board. Children are given opportunities to do homework, play in centers, gross motor activities, technology time, etc.

### **Full Day:**

700 a.m. to 6:00 p.m. A morning and afternoon snack, as well as lunch, will be provided on these days. If your child brings snack or lunch from home, please do not send any items that need to be refrigerated or heated. Specific mealtimes will be followed according to daily schedule.

When students are out of school for Professional Development Days, Election Days in November and May if school is closed, Fall Break, Winter Breaks (specific dates only), and Spring Break. Registration will be held two weeks before the day of care. No late registrations accepted. The program will not be open in the event of inclement weather (snow days or early release) as well as Labor Day, Thanksgiving Day and day after, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Martin Luther King Day, Presidents' Day, and Memorial Day.

## **FEES AND SCHEDULE**

- An enrollment fee of \$25.00 per child per school year.
- Weekly payments are due on second day of care each week by 6:00 p.m. or in accordance with payee's wage schedule as approved by the District Daycare Manager.
- A \$10.00 late payment fee (per family) will be assessed after 6:00 p.m. on second day of care weekly. Care will not be provided after 2<sup>nd</sup> week, if bill is not paid. Care may resume once bill is paid in full with approval of District Daycare Manager.
- Late fee for pick up is \$1.00 per minute after 6:00 p.m. (if pick up is to be by 4:30 p.m., late fee is \$4.00). Late fees are added to weekly payment due.
- Checks and money orders should be made payable to **Shelby County Public Schools (SCPS) Daycare**. Please indicate telephone number and child's name on your check when paying.
- No cash fee payments will be accepted in accordance with Shelby County Public Schools Daycare Procedures. Do not send payment in backpacks. Failure to make payments will result in suspension of your child from the program until the amount is paid up-to-date.

**Please refer to "Other Important Information" regarding temporary removal and re-enrollment circumstances.**

### **Weekly rates for afterschool care**

*\$12/day Pick up after 4:30pm*

*\$8/day Pick up by 4:30pm*

Children may be enrolled for 2-5 specific days per week if schedule rotates due to parents' work schedule-it must be submitted the Friday before the week of care.

**\*One week's vacation may be taken during school year with one week's written notice.**

**Financial Assistance:**

- Shelby County Public Schools' Daycare Program does accept government subsidy.. Families are responsible for any overages and or copays.
- A multiple child discount will be applied for families with 3 or more children enrolled.

1 <sup>st</sup> Child	full weekly rates as registered
2 <sup>nd</sup> Child	full weekly rates as registered
3 <sup>rd</sup> Child	1/2 weekly rates as registered
4 <sup>th</sup> Child	1/4 weekly rates as registered
5 <sup>th</sup> Child	1/8 weekly rate as registered

**SIGN IN AND SIGN OUT PROCEDURES**

Children attending the SCPS Daycare Program must be signed out by a parent/guardian or parent/guardian-designated adult (listed on student's emergency card, application/medical release form or parent/guardian note) at the sites designated area (i.e., cafeteria, commons area, side entrance). In the event that the program has moved to a different area of the building, a notice will be posted on the outside door regarding location; you must ring the bell for admittance. No written permission slips will be accepted at the time of pick up from individuals not listed on one of those forms (Emergency and/or Daycare Registration Form). Your child may bring a note from home or you may send a signed fax request. Picture identification is required.

All transportation changes must be made in writing through the school office and your daycare director. Please notify your daycare director by email or leaving a message on the daycare phone number. Any changes in contracted days must be made in writing through daycare director one week in advance.

**RECORDS THAT MUST BE KEPT ON FILE BY PROGRAM DIRECTOR**

We are a state licensed facility and, as such, adhere to the state and SCPS mandated Child Care Facilities training, regulations and guidelines.

- Registration Form
- Daycare Program Agreement
- Medical Release Form for the Shelby County Public Schools
- Emergency and authorized adults names and numbers
- Current Immunization Record-within 30 days of enrollment in program
- Parent/child homework agreement
- Custodial Documents (to be provided by Custodial Party)
  - ✓ Temporary Custody Order
  - ✓ Termination of Parental Rights
  - ✓ Statement of Guardianship
  - ✓ Restraining Orders
  - ✓ In the event custodial arrangements change, it is the responsibility of the parent or designated guardian to notify the Program Directors and provide current documentation.

## **STAFF TRAINING AND CERTIFICATIONS**

- The program is operated by specially trained classified personnel, who have taken and met the state required orientation and training requirements.
- All staff members must admit to and pass the National background check.
- A staff member trained in Child and Adult CPR and First Aid is always present.
- All staff members must have current TB tests, renewed every other year.

**At no time will your child be left unsupervised or unattended. Our primary concern, as is yours, is your child's safety and well-being.**

## **IMPORTANT THINGS TO REMEMBER**

- All clothing, book bags and lunch boxes should be clearly labeled with your child's name.
- Important information regarding the program will be found at the sign in/out table or cart or on the door. Please take time to read special messages.
- It is the parent's responsibility to keep enrollment records current regarding home address, telephone numbers, emergency contacts and medical insurance.
- Changes in transportation must be submitted to the school office and daycare program personnel. Please notify the daycare director by email or calling the daycare answering machine. Changes in contracted days of care require one week's written notice to director.

## **RULES AND GUIDELINES**

- Children must be picked up no later than 6:00 p.m.
- Homework and study times are designated quiet times.
- Children are expected to listen and follow directions of the child care staff.
- Children will be responsible for keeping center activities organized and cleaned up at the end of each activity.
- Children will assist in clean-up at the end of each day.
- Children will work and play cooperatively, display good manners and show respect for one another and adult in charge.
- No child will be permitted to leave center activities or free play areas unless accompanied by an adult.
- Each school site will designate restrooms to be available for the children's use.
- The areas used for the daycare programs include the Cafeteria/ Commons Area, gym, computer lab, designated classrooms and library.
- Supervised outdoor activities (large playground) will take place when weather permits.
- School-wide rules and regulations must be followed at all times. Parents/Guardians or students who do not agree to follow these rules may not participate in the program.

If a problem arises, the following steps will be taken:

1. Conference with child.
2. Time out for child (isolation from other students).
3. Child will complete a behavior sheet stating what they did, how they could behave differently and what they will do in the future.
4. Family will be called for early pickup due to unsafe behavior.

*If the problem persists, conference with the parents and signing Corrective Action Plan and DDM will decide if childcare can continue.*

The Daycare Staff will fully explain the rules and guidelines to your children and will discuss any consequences that may result if there is a problem. We would appreciate your assistance by discussing these guidelines with your child as well.

### **OTHER IMPORTANT INFORMATION**

- ❑ Fees will be pro-rated for full time school care program participants for holidays and snow days.
- ❑ A financial statement will be prepared annually and ready for pick-up by January 15<sup>th</sup> each year. Statements reflect payments through Dec. 31st. Parent may request a statement earlier if their child exits the program prior to January.
- ❑ Payments are due by the second day of care of the week the child attends or as agreed upon with the Director. As of July 1, 2009 we will only accept payment in the form of Money Order or Personal Check. A current phone number needs to be on them.
- ❑ Should you wish to discontinue services at any time, please notify us in writing minimum of one week in advance. **We will continue to bill you until we receive written notification to daycare.**
- ❑ **Since we staff in advance based upon anticipated enrollment, if a child is absent, you will still be billed for that time.** If the absence is planned (such as vacation – one week maximum, or there is a long term illness – week or more), you may remove your child temporarily while retaining your place as a program participant by notifying the daycare in writing. When the time comes to begin services again, we will re-enroll your child and charges will begin again.
- ❑ Please pick up your child by 6:00 p.m. or 4:30 p.m. depending on the option you choose. Late fees will be assessed at the rate of \$1.00 per minute based on the time you have contracted for on your registration forms.
- ❑ Please follow sign in and sign out procedures and carefully designate approved persons on your enrollment and emergency forms.



### **Medical Policy for SCPS Daycares**

Any child showing signs of illness or condition that may be communicable shall not be admitted to program. (examples: fever over 100 degrees, pink eye, vomiting, etc.)

#### **If the child becomes ill while at the program:**

1. The child shall be placed in a supervised area isolated from the rest of the children.
2. The parent/guardian shall be contacted immediately.
3. Arrangements shall be made to remove the child from the childcare center as soon as possible.
4. Prescription medication shall not be administered to a child in care, without a written daily request from the parent/guardian and a licensed practitioner's note accompanying it per licensing regulations.
5. Nonprescription medicine may only be given to a child only with the written daily request of the parent/guardian and be administered according to the instructions on the label.
6. The program will keep a written record of the administration of the medication including: Time given; date; amount; and name of staff person giving medication.
7. Medication (including refrigerated medication) shall be stored in a separate locked place—out of reach of children.
8. The medication must be in its original bottle and properly labeled with child's name.
9. Medication will not be given to a child if the expiration date on the bottle has passed.
10. Any medication administered must be given by a SCPS staff member that has taken the required class for giving medication properly.
11. Notify of any allergies (specific foods, etc.)

**SHELBY COUNTY PUBLIC SCHOOLS 2016-17 School Year**

**Registration form must be completed entirely. Please complete one form per child.**

*Registration form must be accompanied by a \$25.00 non-refundable registration fee.*

Select one option: Pick up before 4:30 p.m. \_\_\_\_ OR Pick up after 4:30 p.m. \_\_\_\_

Select days child will attend: M\_\_\_\_ T\_\_\_\_ W\_\_\_\_ TH\_\_\_\_ F\_\_\_\_

Start date: \_\_\_\_\_ School: \_\_\_\_\_

***PLEASE PRINT***

Child's Full Name \_\_\_\_\_

Name they use \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

***Parent/Guardian Information***

Guardian 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Guardian 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

**List two persons to contact in case of emergency if parent/guardian cannot be reached and allowed to pick up child(ren):**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone** \_\_\_\_\_

*Other persons authorized to pick up your child: (add an additional sheet if needed)*

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Does your child have any conditions or allergies we should know about?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Does your child require special medications or routines? Please explain.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I give permission to use photos of my child in media (print or video).**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

This health history is accurate to the best of my knowledge, and the child herein described has my permission to engage in all activities except as told by me. In the event I cannot be reached in an emergency, I hereby give permission to the director of this program, or designee, to secure emergency medical services including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia or surgery for my child named above, in case of life or death emergency. I understand families must carry their own accident insurance.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**PLEASE RETURN REGISTRATION FORM AND FEE TO SCHOOL DAYCARE DIRECTOR.**



**SHELBY COUNTY PUBLIC SCHOOLS  
DAYCARE PROGRAM AGREEMENT 2016-17**

I, \_\_\_\_\_, fully understand the rules and guidelines of the SCPS Daycare Program.

I understand that if my child/children or I fail to comply with the rules of the program, which have been provided to me, my child/children may be removed from the program without any fees returned.

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SHELBY COUNTY PUBLIC SCHOOLS  
HOMEWORK AGREEMENT 2016-17**

In order to more fully serve you and your child, the SCPS Daycare Program will allow 30 minutes of quiet time for homework with limited assistance, with your permission.

\_\_\_\_\_ I **DO NOT** want my child to do homework while in After School Care.  
\_\_\_\_\_ (Please have your child initial this section)

\_\_\_\_\_ I **DO** want my child to do homework while in After School Care.  
\_\_\_\_\_ (Please have your child initial this section)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Students are responsible for bringing all homework assignments (assignment books, homework packets, stenos, etc.) and all necessary materials, including books, paper and pencils, to the daycare program with them. Please discuss with your child your expectations regarding homework completion. Thank you!*

**EARLY RELEASE INFORMATION FOR STUDENTS**  
**ATTENDING DAYCARE 2015-16**

Daycare (please circle): Eagle Power                      Rocket Power                      Panther Power  
                                 Tiger Academy                      Bobcat Mountain                      Wright Childcare

Child's Name: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

**If school is released early my child will...**

**(CIRCLE ONLY ONE CHOICE): A. or B. below**

**Then complete the appropriate information)**

**A. Ride the bus to the following address:**

- Bus # to Home \_\_\_\_\_ or Bus # to Other \_\_\_\_\_ (must be within your child's school district)
  
- Please list the address: \_\_\_\_\_  
\_\_\_\_\_
  
- Name of person and number if other than home:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

**B. Be a car rider:**

- Please list name(s) of who may pick up your child and their phone number:

Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____

**ANY CHANGES TO THE ABOVE WILL NEED TO BE SUBMITTED IN WRITING TO THE SCHOOL OFFICE and DAYCARE DIRECTOR**



Full Day Availability 2015-16

**Closed: No charge for these days**

September 5, 2016

November 24-25, 2016

December 19-30, 2016

January 16, 2017

February 20, 2017

Labor Day Holiday

Thanksgiving Break

Winter Break

Martin Luther King Day

Presidents' Day

Open (for full daycare if registered two weeks in advance-\$20/day—15 child minimum—registration 2 weeks in advance.)

October 3, 2016

October 17-21, 2016

November 8, 2016

November 23, 2016

February 17, 2017

April 3-7, 2017

Professional Development

Fall Break

Election Day/P.D. Day

Thanksgiving Break

Professional Development Day

Spring Break

# SHELBY COUNTY PUBLIC SCHOOLS

Student Health Information and Medical Release Form

School Year: \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **DOB:** \_\_/\_\_/\_\_

(Please give student's complete legal name.)

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother \_\_\_\_\_ Hm Ph \_\_\_\_\_ Wk Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Father \_\_\_\_\_ Hm Ph \_\_\_\_\_ Wk Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Hm Ph \_\_\_\_\_ Wk Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Emergency Contact Person(s) OTHER than Guardian or Parent

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Hm Ph \_\_\_\_\_ Wk Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Hm Ph \_\_\_\_\_ Wk Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

### STUDENT'S Medical Insurance

Does your student have a KY Medicaid Card? Yes / No Number \_\_\_\_\_

Does your student have a KCHIP Card? Yes / No Number \_\_\_\_\_

Does your student have other medical insurance? Yes / No Name of Company \_\_\_\_\_

### STUDENT'S Medical History

Significant Medical History: \_\_\_\_\_

Non-life threatening food allergies: \_\_\_\_\_ Other non-life threatening allergies: \_\_\_\_\_

Medications taken daily: \_\_\_\_\_

Medications to be given at school: \_\_\_\_\_

**\*\*Must complete Authorization To Give Prescription or Over-the-Counter Medication form prior to any medication being brought to school to be administered. This form requires information from both the parent and the ordering physician. Forms are available at school.\*\***

Student's Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

**Does your student have any of the following life-threatening conditions that may require**

**Emergency treatment or medications to be at school? (circle if applicable)**

**DIABETES**

**ASTHMA**

**SEIZURES**

**LIFE-THREATENING ALLERGY**

(Glucagon)

(Rescue Inhaler)

(Diatat)

(Epi-Pen)

**\*\*If your student has one of the conditions listed above please obtain an emergency action plan from your child's school to be completed by both the physician and parent and contact the District Health Coordinator at 633-2375 as your student may be eligible for a 504 accommodation plan.\*\***

#### Medical Release

If emergency treatment is required, and the parents or guardian cannot be reached immediately, your signature in the space provided below authorizes the Shelby County Public School System and its appointed authorities to exercise their own judgment in contacting the physician indicated above and/or EMS personnel to render treatment as may be deemed necessary in an emergency. Signing this form shall release Shelby County Public School District and staff members from any liability of any nature in assisting your child during a medical emergency. In addition, your signature acknowledges that the parent/guardian agrees to be responsible for any and all expenses related to the medical action taken by the Shelby County Public School System and its appointed authorities.

Signature

- I verify that the information supplied is correct and current.
- I will immediately inform the school of any changes in this information (including contact information).
- I authorize any school personnel to take reasonable emergency measures on behalf of my child and agree to hold them harmless for any treatment rendered.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_