

**Crest Memorial School Before and After
School Program**

Crest Aftercare Program

CAP

2019-2020

Parent/Guardian Handbook

Crest Memorial School CAP Program 2019-2020 School Year

GOAL

The purpose of the CAP program is to provide parents/guardians of students attending the Crest Memorial School with a solution for before and after hours care that is affordable and provides for their child's safety and comfort. The program is staffed by Board approved, background checked, fingerprinted personnel who are committed to providing a safe, enjoyable environment for the district's children and also state licensed.

OPERATIONS

Children who are three years of age and fully potty-trained by October 1st and are enrolled in the Crest Memorial School District are eligible to attend. All children must adhere to the district's policies and procedures, including the Student Code of Conduct. The program follows all rules and regulations that are stated in the district's Parent-Student Handbook.

Operation hours before school are 7am-8am, entrance via the cafeteria/breakfast doors near blacktop/basketball courts by Pacific Ave. Children will then go directly to their homerooms at 8am.

Operation hours after school are 3:02pm dismissal until 5:00pm. Pick up after school is the preschool classroom with a green diamond above the door by New Jersey Ave. Parents/designated adults are required to sign out their children with the proper identification. Children must be picked up promptly by 5:00pm, failure to do so results in a \$1 per minute late fee. If lateness occurs more than three times, the parent/guardian will be advised to find another child care provider. If children are not picked up by 5:00pm, the staff will begin to call the emergency contacts listed on the registration form. If none of the approved contacts can be reached, it will be assumed that an emergency exists at home and the Wildwood Crest Police Department will be notified at 5:20pm.

Parents/guardians are responsible for completing the CAP attendance contract, indicated their child will be using the program. Staffing will be based on these contracts to allow sufficient supervision. Full time and part time permanent contracts will be honored at the full time and part time rates, daily changes will not be honored. For students whose CAP needs are not consistent, daily “drop in” care exists based on space and staffing availability.

There will be no CAP services when school is closed.

There will be no after school CAP on early dismissal days, both scheduled and due to inclement weather.

COST

The CAP program is a self-supporting endeavor. The monies generated are used for staff salaries, snacks, and materials. In order for a child to receive CAP services, payment must be made prior to monthly attendance. Any account delinquent after the 15th of each month will result in immediate termination of services.

Cost for FULL TIME CARE: This must be paid in advance and if the student does not use the services, there are no refunds. Prices are based on daily fee x 180 school days for morning care and 162 school days for after care, divided by 10 months. This guarantees your student’s spot, no need for scheduling, and must be paid by the 1st of each month.

7am-8am= \$90 per month (\$5 per day)

3pm-5pm= \$162 per month (\$10 per day)

Cost for PART TIME CARE: This must be scheduled and paid in advance and if the student does not use the services, there are no refunds. Prices are based on daily fee but changes to the schedule cannot be made unless they are permanent changes with 1 week’s notice.

3 days per week morning 7am-8am= \$6 per day

2 days per week morning 7am-8am= \$7 per day

3 days per week after school 3pm-5pm= \$12 per day
2 days per week after school 3pm-5pm= \$13 per day

COST FOR PER DIEM DROP IN: Space is not guaranteed but more likely if scheduled in advance. Must call to schedule after school care by 12:00 that day, no last minute calls. **YOU MUST CALL MRS. SORENSEN AT 522-1522.**

7am-8am \$7.50
3pm-5pm \$15

2nd child 20% discount, 3rd child 50% discount
Children can attend after school clubs then attend CAP but there is no discount.
Quality Care/CCR&R/Work First accepted (applications available at Quality Care Resource and Referral Agency 898-5500)

CAP CALENDAR

The CAP closed days follow the school calendar for closure and early dismissal. There will be morning care only on early dismissal days. School schedule is subject to change.

* marks early dismissal days

September 2, 3*, 4*
October 11*, 14
November 6, 7, 8, 13*, 14*, 15*, 27*, 28, 29
December 20*, 23, 24, 25, 26, 27, 30, 31
January 1, 17*, 20
February 13, 14, 17
March 20
April 7*, 8*, 9*, 10, 13, 14, 15, 16, 17
May 22*, 25
June 10*, 11*, 12*, 15*, 16*

SNACKS

Breakfast is available during morning care for \$1 or free/reduced meal pricing. Afternoon snack and drink are provided. Please advise of any food allergies or limitations. Students are welcome to pack their own snacks.

REGISTRATION

Registration packet is required prior to attending CAP. Please remember to make any changes to emergency contacts if they change.

PARENTAL NOTIFICATION POLICY

CAP program depends on the confidence and cooperation of the parents/guardians who make use of the program. Communication is vital to this. During the course of the year, the staff use different ways of communication to notify parents of information. Parents may be notified through phone calls, letters, face to face conference, email, or text message throughout the year. The following may be communicated in any of the above ways:

illness/accidents/injuries

Request of records

Behavior concerns

Community information

Emergency closures

Child care payments and fees

Program information

***The primary way for parents/guardians to communicate with CAP is by calling school at 609-522-1522 and asking to speak with the CAP coordinator, Mrs. Sorensen. If Mrs. Sorensen is not available that day, there will be a designated coordinator substitute. For this reason, other forms of communication should not be used as the primary form because this will be the only way to communicate with the designated person.

*****RETURN TO SCHOOL*****

Crest Memorial School CAP Registration Form
One time \$10 fee- check payable to Crest Memorial CAP

Student's Name _____ grade _____ age _____

Birth Date _____ Allergies/health issues _____

1. Parent/Guardians Name _____

Address _____

Cell Phone _____ Home phone _____ Work Phone _____

Employer _____ Custody issues? _____

2. Parent/Guardian Name _____

Address _____

Cell Phone _____ Home Phone _____ Work Phone _____

Employer _____ Custody issues? _____

Emergency Contact Name _____ Phone _____

Emergency Contact Name _____ Phone _____

People who have permission to pick up your child:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name of Health Insurance Company _____

Health Insurance Policy Number _____

Family Physician _____

*****RETURN TO SCHOOL***
CAP Agreement Form**

Student's Name _____

Parent/Guardian Agreement:

In case of accident or illness, I authorize the CAP personnel to act in the best interest of my child. I hereby give permission to the facility staff to administer first aid and in the case of an emergency, to transport and secure proper treatment as determined to be necessary. I hereby give permission to emergency personnel, including first aid squad personnel, emergency room personnel, and the child's physician to treat my child. I understand that I will be responsible for all charges not covered by insurance.

I know that payment is required for the Crest Aftercare Program service and agree to abide by the guidelines set forth in the Crest Aftercare Handbook. CAP will follow the Crest Memorial Board of Education's school calendar for holidays, in-service days, and vacations. This includes snow days, delayed openings, and emergency early dismissals. Hours of operation are on school days from regular dismissal until 5:00pm. A fee of \$1.00 per minute will be charged after 5:00pm. Prompt payment of all invoices is required prior to students attending CAP for the month. There is no CAP when school is not in session. It is the parent/guardian's responsibility to report any changes to the information provided on the registration form such as phone numbers, medical updates, emergency contacts and student release information. Please check which program your child will be attending and sign below that you have read and agree to this contract.

Full time morning care 7am-8am \$90 per month (\$5 per day) _____

3 days per week morning care 7am-8am \$6 per day _____

2 days per week morning care 7am-8am \$7 per day _____

Full time after school care 3pm-5pm \$162 per month (\$10 per day) _____

3 days per week after school care 3pm-5pm \$12 per day _____

2 days per week after school care 3pm-5pm \$13 per day _____

Per diem morning 7am-8am \$7.50 per day _____

Per diem after school care 3pm-5pm \$15 per day _____

Parent/Guardian Name (print) _____ Date _____

Parent/Guardian Signature _____

Parent Receipt of Information

I have received, read, and agree to:

- CAP parent/guardian handbook
- CAP financial policies
- Information to parents document
- Policy on the release of children
- Policy on methods of parental notification (applicable only if a method other than a phone call is used to notify parents of an injury to a child's head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention)
- Policy on communicable disease management
- expulsion policy
- policy on the use of technology and social media

-Permission for photographs to be taken of my child/children
_____yes _____no

-Permission for my child/children to watch PG rated movies
_____yes _____no

Child's name _____

Parent/Guardian's name _____

Signature _____

Date _____