



2020-21
Carroll County Schools
Elementary After School Program Protocol

The Carroll County School System's Elementary Schools offer an After School Program (ASP) beginning the first day of school and operating on all scheduled school days throughout the year.

- Pre-K through fifth grade students may enroll in the After School Program.
- Registration forms must be completed before students are allowed to stay in the ASP.
- Parents may enroll students in the After School Program at a cost of \$35.00 per week per child or \$7.00 per day.
- Parents who habitually pick their children up late may be charged a late fee of \$1.00 per minute.
- Charges for the After School Program are due on the Friday of each week the student is in attendance.
- If an account becomes more than one week in arrears, a parent will no longer be allowed to use this service until the account is once again in good standing.
- All ASP fees must be paid through the ASP program.
- Parents who habitually pay late will have their children dismissed from the program.
- The school retains the right to suspend or exclude any student from the after school program.
- Carroll County Schools Discipline Code of Conduct will be enforced during ASP hours.

Principals are responsible for monitoring Finances, Bookkeeping, and Discipline of ASP.

**CARROLL COUNTY SCHOOL DISTRICT
AFTER SCHOOL PROGRAM
REGISTRATION FORM
SY2021**

School: _____

I am enrolling my student/students in the tuition paid After School Program. I understand that it is my responsibility to inform the school of any changes necessary to information on this form.

Initials _____/Date _____

PLEASE PRINT

Student ID#	Student's Name	Male/ Female	Birth Date	Grade/ Spec. Ed.	HR Teacher
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Student's/Students' Address: _____ Home Phone _____

**Only the following person are allowed to pick up the student(s)
ID must be provided at time of pick up.**

1. Parent/Guardian	Work #	Home #	Cell #
2. Parent/Guardian	Work #	Home #	Cell #
3. Parent/Guardian	Work #	Home #	Cell #

IN CASE OF EMERGENCY, IF THE PARENTS/GUARDIANS LISTED ABOVE CANNOT BE REACHED, THE SCHOOL WILL CALL THE PERSONS LISTED BELOW (INCLUDING DAY CARE FACILITIES).
ALL EMERGENCY NUMBERS MUST BE LOCAL, ACCESSIBLE, AND INCLUDE AREA CODE.

Name	Work #	Home #	Cell #
Name	Work #	Home #	Cell #
Name	Work #	Home #	Cell #

In custody cases, the following people MAY NOT pick up my child from the After School Program: (A copy of custodial records must accompany this form.)

In case of a medical emergency, please transport my child to the:
Nearest medical facility: _____ (yes/no) Or to the following medical facility: _____

Registration for the After School Program is complete only when all of the following is complete:

- 1. The ASP Rules Form is completed, signed, and returned.**
- 2. The ASP Registration Form is completed, signed, and returned.**

I understand that it is my responsibility to keep the above information current and accurate.

Parent/Guardian Signature _____ Date _____

**CARROLL COUNTY SCHOOL DISTRICT
AFTER SCHOOL PROGRAM
REGISTRATION FORM
SY2021**

Student's ID Number

Student's Name

Grade

School

Dear Parent/Guardian: Welcome to our **After School Program!** The After School Program (ASP) provides a safe, fun, and nurturing environment for the care of elementary students until 6:00 PM on each school day. ASP is a self supporting program. Participation should be considered a privilege. **By completion of this form, I understand that I am registering my student in ASP.**

1. Every student attending the After School Program (ASP) must have a current ASP Registration Form on file at our school. I understand that it is my responsibility to inform the school of any changes of the information, particularly phone numbers and emergency contacts, on the ASP Registration Form. **Initials** _____/Date _____

TUITION, ATTENDANCE, OPERATION HOURS and PAYMENTS

2. I am enrolling my student in the After School Program. **If my student's account becomes past due more than 7 days, my student may not attend the program, and I must make other arrangements for after school care.**
Initials _____/Date _____
3. The following fee schedule will be followed per family:
Student #1 and Student #2 - \$7.00 per student
Student # 3 and above - \$4.00 per student
4. The full fee will be charged regardless of how long the student stays each day.
5. The hours of the program are from the time school ends until 6:00 p.m. on the days school is in session. Attendance will be taken 15 minutes after school is dismissed and the student's account will be charged.
6. A late fee of \$1.00 PER MINUTE per student will be charged for each minute after 6:00 PM according to the school clock. If a parent is more than 60 minutes late, Emergency Procedures will be followed which may include calling the police department or DFACS.

BEHAVIOR EXPECTATIONS & DISMISSAL PROCEDURES

7. The same behavior expectations apply in ASP as during the regular school day. All Carroll County School District policies in the student handbook apply to ASP. Inappropriate behavior may result in your student's suspension or withdrawal from the program.
8. If an emergency occurs that threatens the welfare of a student, a school official will contact the Carroll County Police Department to ensure the safety and security of all students in ASP. Late pick-up from ASP may be considered such an emergency.
9. If school closes for inclement weather or any other reason, ASP will also close.
10. For the protection of your student, only people designated on the registration form will be allowed to pick up your student. **IDENTIFICATION WILL BE REQUIRED.** Each student must sign out at the ASP desk every day.
11. **Students may be suspended or withdrawn from the After School Program for the following reasons:**
- **Three Late Pick-ups**
 - **Nonpayment or Late Payment of Tuition & Fees**
 - **Discipline Problems (Three Strikes You Are Out)**
 - **Principal's Discretion**

I am registering my student in the After School Program. I have read, understand, and will comply with the rules outlined above.

Parent/Guardian Signature

Date