

# Honey Island Elementary School Child Care Program

Before School ~ After School  
985-641-8911

Our program provides a safe environment for children needing care before or after school.

## Eligibility

Students must be enrolled at Honey Island to participate in the morning program. Students must be enrolled at Honey Island or if coming from Cypress Cove, must have a sibling enrolled and attending Honey Island to participate in the afternoon program.

## Program Hours

Before School Care – 6:30am-7:30am  
After School Care – school dismissal – 6:00pm

## Program Components

In the Before School Care session, students may play games, read/study, converse with other students, and relax.

In the After Care session, the program offers a variety of activities to include snack, homework completion, outside play, and indoor play.

## Attendance

To ensure the safety of all students, parents/guardians are responsible to notify program staff, if their child will be absent from the After School program, after having attended school during the day.

## Sign-In/Sign-Out

The parent/guardian must sign in the child prior to leaving them in the morning program each day. The parent/guardian must sign out the child prior to picking them up from the afternoon program each day.

## Discipline

Appropriate student behavior is expected during all Child Care Programs. Students are expected to follow the same expectations as they have during regular school hours. The child care program is merely an extension of the school day.

### Role and Responsibility of Parent/Guardian

- Picking up their child(ren) by 6:00pm. The local police will be called if children are remaining after 7:00pm.
- Adhering to the guidelines of the STP Student Handbook and any policy and/or procedure of the School System.
- Conforming to the payment schedule for the program.
- Notifying the Child Care Staff, if:
  1. Any data on the Registration Form changes (telephone numbers, addresses, etc.)
  2. Their child is in attendance at school but, though registered to attend, will not be attending After School Care on any given day.
  3. There is a change in the daily departure routine.
  4. Their child is withdrawing from the program.
  5. Their child's participation is limited due to health or other impairments.
  6. Their child has any special concerns/needs the Program Director and Principal should be aware of, for the child to be successful in the program.

### Program Fees

#### Before School Care

Weekly Fee - \$25.00

Drop-In Fee - \$5.00 per day

#### After School Care

Weekly Fee - \$45.00

Drop-In Fee - \$9 per day

#### Late Pick-Up Fee - \$1.00 per minute

Our program closes at exactly 6:00pm. Our clocks are set by cellular phone time. Please make every attempt to notify the Program Director if you are going to be late. The phone number is 985-641-6932. The local police will be called if children are remaining after 7:00pm.

Payment is due in advance on the first school day of the week. Fees may be paid by the month. Checks are made payable to Honey Island Elementary School. Do not include this child care payment on the same check with other school monies.

NSF Checks – Our policy is to charge \$4.00 for an NSF check and thereafter, all payments must be made in cash. Payment for an NSF Check must be made in cash.

**START DATE** \_\_\_\_\_

Honey Island Elementary School Child Care Program

**REGISTRATION FORM**

| Child's Name | Grade | Teacher's Name |
|--------------|-------|----------------|
|              |       |                |
|              |       |                |
|              |       |                |

\_\_\_\_\_ Before School Care

\_\_\_\_\_ After School Care

Home Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

**AUTHORIZED PERSONS for PICK-UP other than PARENTS**

*Must be at least 18 years of age, have picture identification, and come in to sign-out student. Any changes made to the list must be done in person or in a note from the parent. Please list as many people possible for emergency contact.*

| Name | Home Phone | Cell Phone |
|------|------------|------------|
|      |            |            |
|      |            |            |
|      |            |            |
|      |            |            |

I have read and understand the procedures of the program. If I or my child(ren) do not adhere to the expectations of the program, the student may be removed from the program.

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