

Date Submitted: _____

PLEASE TURN IN YOUR COMPLETED APPLICATION TO
COACH NORRIS, COACH PAYNE, OR MAIN OFFICE. PLEASE DO NOT EMAIL YOUR FORM!



**Satchel Ford Elementary School
BRAVES Afterschool Program Policies & Procedures
2024-2025**

Great Day Satchel Ford Parents!

Please complete an application for each child you would like to enroll.

Once your child has been accepted, you will receive a formal confirmation with pertinent information related to the program.

If you have any questions, please contact Shawn Norris at shawn.norris@richlandone.org,
Chris Payne at james.payne@richlandone.org or the school directly.

Thank You!

Procedures & Information:

1. A registration form must be completed for each student.
2. No student will be allowed to attend until the registration form is completed, registration and 1st week fees are paid.
3. Upon enrollment confirmation, parents must notify the child's teacher that the student will attend the BRAVES program.

Withdrawals:

Parents/guardians must notify the BRAVES program in writing if they withdraw the child from the program. Notification should be sent to shawn.norris@richlandone.org or james.payne@richlandone.org

Tuition is due and payable for all weeks after a student is enrolled, even if they are absent. There are no tuition reductions for non-attendance for any reason.

Schedule:

1. Braves afterschool program hours are 2:30 p.m. - 6 p.m. each day of school. The program is **NOT** open on school holidays, early dismissal days, staff development days, or parent/teacher conference days. **The program will begin on Tuesday, August 8, 2024.**

2. The daily schedule is as follows: Grades 1-5 will have scheduled times for homework/enrichment Monday-Friday. All grades will have outside play and supper scheduled each day. The students will use the gym and/or classrooms when the weather is not suitable for outside play.

Fees:

1. **The registration for each child being enrolled is \$20. The weekly rate for one child is \$55.00 per week. The weekly rate for additional siblings is \$50.00 per week, per child.**

2. Fees are due on a weekly, bi-weekly, or monthly plan. Please communicate how you intend to pay on the application. Payments should be made to the aftercare program for your account to be credited accordingly.

3. Payments can be made via check, money order, or you can set-up bill pay through your bank.

4. All returned checks will incur a \$35.00 return check fee and payment by check will no longer be possible.

3. ALL ACCOUNTS MUST BE KEPT CURRENT. ANY ACCOUNT WITH A PAST DUE BALANCE OF TWO WEEKS TUITION WILL RESULTS IN YOUR CHILD NOT BEING ABLE TO ATTEND THE PROGRAM.

4. All students must be picked up by 6:00 p.m. each day. There will be a \$1.00 per minute charge applied after 6:00 p.m. for any late students. A warning will be given after the second late pickup and additional late pickups will lead to dismissal from the program.

Emergency Information:

1. Please give written notification of any change of phone numbers. All students must have current phone numbers on file at all times.

2. In the case of inclement weather, the BRAVES program will follow Richland One for the closing of school.

3. Braves staff will call the parent or the emergency contacts on the registration form in the event that your child is injured or becomes ill during the afternoon. Please give written notification of any special medical needs. This includes instructions for any medication that must be given during the afternoon. It is the responsibility of the school nurse to administer medication before the end of the school day.

Pick-up:

1. Please plan to pick up your child from the back of the building on the kindergarten hallway. You will park in the kindergarten parking lot by the big playground.

2. Please provide written notification when someone other than a parent or one of the persons designated on the registration form will be picking up your child. The BRAVES program will not release your child to anyone without your prior permission.

3. It is very important that parents/guardians contact the program when an emergency may delay the parent from picking up the child by 6:00. If a student has not been picked up by 6:30 and the parent has not made contact with staff, local law enforcement will be notified to assist with the situation.



Satchel Ford Elementary School
BRAVES Afterschool Program Discipline Policy
2023-2024

Satchel Ford Aftercare follows the Richland School District One Code of Conduct

LEVEL 1 OFFENSES: Level One Offenses will result in the following actions.

1st offense in a semester: Time out on playground

2nd offense in a semester: Parent notification (phone call or conference), possible referral to school administration

3rd offense in a semester: Possible removal from aftercare

Level 1 offenses:

- a. Horseplay (this does not include bodily injury)
- b. Refusal to obey
- c. Disrespectful and/or inappropriate remarks or gestures/bullying (mocking, name calling, teasing, taunting)
- d. Failure to remain in assigned area-students are to remain in the assigned areas at all times unless given permission to leave the area
- e. Use/possession of tobacco products/paraphernalia
- f. Disruption of classes in aftercare
- g. Possession of electronic devices other than that provided by the district
- h. Profanity
- i. Inappropriate touching or displays of affection between students

LEVEL 2 OFFENSES: Level 2 offenses will result in the student being referred to school administration.

Level 2 offenses:

- a. Inappropriate touching or display of affection between students
- b. Weapons
- c. Drug/alcohol possession
- d. Other unlawful activities (possession/selling bogus or look-alike drugs, distributing unauthorized material, possession of obscene material, bullying)
- e. Physical assault on a student
- f. Threats

- g. Vandalism/Theft
- h. Habitual disregard for aftercare rules
- i. Assisting with, or encouraging, rule violations
- j. Fighting
- k. Damage of school property
- l. Possession of gang-related or other inappropriate written material
- m. Sexual misconduct

LEVEL 3 OFFENSES: Level 3 offenses will result in a referral to school administration.

Level 3 Offenses:

- a. Disruption of aftercare
 - 1. Bomb Threats
 - 2. Arson or attempted arson of district property
 - 3. Unauthorized activation of a fire alarm
 - 4. Participation in an act of mob or gang violence/hazing
 - 5. Extortion
 - 6. Stealing
 - 7. Bullying
 - 8. Terrorist threat or activity
- b. Physical assault on an employee
- c. Sexual assault
- d. Sale or distribution of drugs/alcohol
- e. Firearm or bomb

Braves Aftercare is requesting your help and cooperation. Please read and discuss with your child the rules and regulations set forth in this Discipline Code. When you have done so, sign this form and return it with your registration form. Your signature and that of your child acknowledges receipt of this policy and that you understand and consent to the responsibilities outlined in it. This form will be kept on file in aftercare.

I have received and read the Braves Aftercare Discipline Policy

Print Child's Name

Signature of Parent/Guardian Date

Signature of Student Date



**Satchel Ford Elementary School
BRAVES Afterschool Program Registration
2024-2025**

Payment Plan (Please check one box on you attend intend to pay)

Weekly

Biweekly

Monthly

Student Information

Name _____

Date of Birth _____ Grade _____

Gender _____ Ethnicity _____

Parent/Guardian Information

Mother

Name _____

Address _____

Home Phone _____

Cell/Other _____

E-mail _____

Work Phone _____

Father

Name _____

Address _____

Home Phone _____

Cell/Other _____

E-mail _____

Work Phone _____

Parent signature indicates receipt of the BRAVES Afterschool Program policies and procedures.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

Date Submitted: _____



Satchel Ford Elementary School
BRAVES Afterschool Program Medical/Emergency Form

Student Name _____

Physician _____ Telephone # _____

Preferred Hospital _____ Telephone # _____

Health Information (Allergies, health concerns, activity restrictions, etc.)

Medications (Please list any medications your child takes regularly)

Medication _____ Dosage _____

Medication _____ Dosage _____

Emergency Contacts:

Name _____ Relationship _____ Telephone # _____

Name _____ Relationship _____ Telephone # _____

Name _____ Relationship _____ Telephone # _____

I give the following people permission to pick-up my child:

Name _____ Relationship _____ Telephone # _____

Name _____ Relationship _____ Telephone # _____

Name _____ Relationship _____ Telephone # _____

Parent/Guardian Signature

Date