



## BEARS AFTERCARE PROGRAM

Dear Parents,

Thank you so much for considering BEARS for your child's aftercare program. Our goal is to provide a safe nurturing environment which supports the Montessori philosophy your student is engaged in throughout the day. Enclosed is a packet you will find the forms necessary for registration:

- Student and Parent Information
- Health/Emergency
- Media Release
- Behavior Expectation Agreement

A non-refundable registration fee of \$40 must be submitted with completed paperwork before a student will be accepted into the program.

In order to appropriately plan for our program, **registration will close Wednesday, June 22nd**. All forms and fees must be submitted by this date to confirm a space for the 2022-23 school year.

***You will be notified once all necessary items have been submitted to confirm your child's enrollment.***

### Schedule

1. The hours of operation will be from 2:30-6:00p.m. each school day. The program is not open school holidays, parent conference days or staff development half days.
2. Our last date of operation will be Thursday, May 25<sup>th</sup>, 2023.

### Fees

1. There is a non-refundable Registration fee of \$40
2. The weekly tuition rate is \$60 for one child. The rate for siblings is \$56 per child. Payments can be made for more than one week, if you wish to do so. There are no discounts for partial weeks.
3. Tuition is due each Friday for the next week. All payments should be made to BEARS Aftercare Program. At this time there is not an electronic payment system for R1, however many families set up payment programs with their banks. Cash payments will only be accepted at the front office during school hours 7:30-2:00.
4. Accounts must be kept current. Any amounts that are 2 weeks in arrears will result in suspension of the student from the BEARS program. Recurring delinquent payments will result in permanent dismissal from BEARS Aftercare.
5. All students MUST BE PICKED UP BY 6 P.M. EACH DAY. A charge of \$15 will be added for every 10-minute increment a parent is late picking up their student.
6. A returned check fee of \$25.00 will be charged.

Emergency Information

1. Please update your contact information any time a change occurs. **It is extremely important we have current telephone numbers for all students at all times in the event of an emergency.**
2. In case of inclement weather, we follow Richland One policies and procedures for school closings.
3. It is necessary for us to be notified of any special or dietary needs.

**OUR PROGRAM WILL FOLLOW THE SAME SCHOOL POLICIES REGARDING COVID-19.**

We are happy to answer any questions concerning our program and look forward to the year ahead! Please contact Mrs. Huf at 803-738-7321 or [arleita.davis-hufste@richlandone.org](mailto:arleita.davis-hufste@richlandone.org) with any questions or concerns.

Sincerely,

BEARS Aftercare Staff

**Brockman Elementary School  
BEARS After School Program  
Registration Form**

**Student Information**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Guardian Information**

**Mother:**

**Father:**

Name	_____	_____
Address	_____	_____
	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____
Email address	_____	_____
Estimated Pick Up Time	_____	

**There will be a \$15.00 charge for every 10 minute increment that a parent is late picking up a child.**

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

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\$40.00 Registration Fee submitted: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

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Tuition Fee for week #1 submitted: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

# BEARS Health & Emergency Information

Parent/guardian is responsible for reporting any changes in this information to the BEARS program staff.

<b>STUDENT'S NAME</b>			Last Name	First Name	Middle Name
2018-19 Grade:		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Student's Birthdate	
RESIDENCE Address			City		Zip
MAILING Address, <i>If Different</i>			City		Zip
Parent/Guardian Name(s) <small>(With whom does this student live?)</small>				Home Phone	
Parent/Guardian #1			Parent/Guardian #2		
Name			Name		
Relationship to Student			Relationship to Student		
Address, City, Zip <i>If Different</i>			Address, City, Zip <i>If Different</i>		
Home Phone	Cell Phone		Home Phone	Cell Phone	
Work Phone & Ext.	Workplace:		Work Phone & Ext.	Workplace:	
List brothers or sisters attending this school:					
<b>EMERGENCY CONTACT INFORMATION:</b> <u>Please list contacts other than parent/guardian.</u> We will try to contact a parent or guardian first. <i>If the child must be picked up by other person(s), parent/guardian must send a written note on a case-by-case basis.</i> <b>The individuals below are authorized to pick up my child and can be reached during school hours at the numbers listed.</b>					
	Name	Relationship	Work Phone & Ext.	Home Phone	Cell Phone
1.					
2.					
3.					
4.					
<b>Health Information:</b> (Please list any medical conditions, medications, restrictions, physical problems, etc. Use another sheet if necessary.)    					
Parent/Guardian Signature				Date	



## MEDIA RELEASE FORM

Dear Parent(s) or Guardian(s):

Throughout the year, the Office of Extended Day Programs receives requests from newspapers, magazines, television and radio stations for stories concerning afterschool programs. Often, such requests include permission for students' names and/or pictures to be used as part of a news account or a feature story. Additionally, the Office of Extended Day Programs would like to use the names of Extended Day/Afterschool Program Participants for various publications and the internet homepage.

The release of directory information to the media is currently authorized under the Family Educational Rights and Privacy Act (FERPA). In order to ensure that we have your permission to release your child's name and/or picture to the media, the District needs your written consent and authorization. Please indicate below whether or not you will consent to the release of your child's name and/or pictures for the purposes stated above.

\_\_\_\_\_ I grant permission for my child's name and/or picture to be used in newspaper, magazine, television, radio coverage, and on the District's internet homepage for stories/activities related to Afterschool. I further agree to hold the District and its Board of Trustees, employees and agents, harmless should I have any claim regarding the use of my child's name and/or picture in any type of news coverage or story.

\_\_\_\_\_ I do NOT grant permission for the release of my child's name or picture for the reasons stated above. I understand that this will prevent my child from receiving recognition for accomplishments through the channels described.

Name of Student: \_\_\_\_\_ Parent or Guardian's Signature: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_



## Brockman BEARS Aftercare Program

### Behavior Expectations and Discipline Policy

The first and foremost objective of the Brockman BEARS After School Child Care Program is to ensure the safety of all children and provide a positive atmosphere for learning and developing skills. The Brockman staff makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

A child's behavior is expected to be consistent with the following: Use appropriate language at all times; cooperate with the staff and follow directions; respect other children and staff, equipment, facilities and yourself; maintain a positive attitude and stay in program areas. *Running away from staff or leaving the school property is unacceptable.*

### The Discipline Policy:

1. If a child is unable to comply with the behavior expectations, a conference between the program director and/or the program assistant director will be held. The parent/guardian will be notified at pick-up.
2. If after the above meeting the child is still unable to comply with the behavior expectations, the program director will set up a conference with the parent/guardian and administrator.
3. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
4. Failure of the parent/guardian to attend conferences and cooperate will subject the child to suspension or dismissal.

Behaviors which may result in immediate dismissal include, but are not limited to, the following:

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff
2. Fighting
3. Possession of a weapon of any kind
4. Vandalism or destruction of school property, after-school property, or property of others
5. Sexual misconduct
6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor
7. Running away
8. Biting

**Special Circumstances:**

Parents/guardians are required to inform the program staff in writing prior to a child's acceptance in the program of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

Upon being informed of such circumstances, the program director may require a conference with the parent/guardian and school administrator to discuss any safety concerns that may exist as a result of these circumstances.

**Parent Acknowledgement**

Your signature acknowledges your receipt of this letter and that you understand and consent to the responsibilities outlined within. A copy is provided for your records.

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Parent Signature

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Date