# Atlanta C-3 School District

# Hornet Club Handbook



Courtney Garnett-Program Coordinator
Josh Brummit-Principal
Will Perkins-Superintendent
660-239-4211

#### Atlanta C-3 Hornet Club Program

Thank you for your interest in the Atlanta C-3 after school program. We hope that our program of quality after school care may be a real benefit to your child and family.

#### **Enrollment**

Atlanta C-3 students, kindergarten through sixth grade, are eligible to participate in the program.

Parents must complete all registration forms and a medical information form to enroll their children in the Hornet Club.



#### Hours and Days of Operation

The Hornet Club is held on the days that school is in session. 3:30 p.m.-5:30 p.m.

Program closes at 5:30 P.M. sharp.

Program *will not* be in session, when school is not in session. Program *will not* be in session on early out days.

Scheduling is flexible. Children are not required to attend every day.

#### **Fees**

Fees are as follows: \$5.00 a day

A daily running balance will be kept on your account. When account balance becomes insufficient to meet daily needs, you will receive notification. If there are any payments outstanding, your child will not be allowed to attend the program.

#### Late Pick-up Policy

It is recommended that you pick up your children at least 10 minutes before Hornet Club closes. This allows time for the teacher to exchange information with you as well as allowing for a relaxed (not rushed) departure.

For every 5 minutes you are late (beyond 5:30 p.m.) you will be charged \$1. A Late Pick- up Form will be completed by the teacher and given to the program coordinator. The coordinator will sign off on it and give a copy to the parent(s). The fine will be added to the daily account.

When there are unforeseen circumstances the fine may be reconsidered by the coordinator, however the teacher will still fill out the late form and the reason will be noted.

When there are repeat occurrences of late pick up families will receive notification and your child may no longer be allowed to attend the Hornet Club.

#### Health, Medication, and Accident Policies

The school nurse will administer any medicine to your child before they attend the Hornet Club.

If a child has an accident while at the Hornet Club, it will be reported to parents immediately and an incident report will be completed. In an emergency, when parents cannot be reached, the teacher will provide attention according to information on the child's medical form.

#### Arrival and Departure

The enrollment form includes a place for you to indicate the names of several people you would allow to pick up your child. Whenever someone other than you, the parent, is to pick up your child you should do one or more of the following:

- 1. Verbally tell the teacher the name of who will be picking up the child
- 2. Leave a note for the teacher saying who will be picking up the child
- 3. Call the school to say who will be picking up the child

Even with written consent, the person may be asked to produce some form of picture ID to the teacher on duty.

Each child's attendance will be recorded on an attendance record. You are asked to sign your child out each day.

Children are to report directly to the Hornet Club after school. Once a student leaves the school grounds they will not be allowed to come back to the program.

#### Snack Time

Snacks will be provided for the children each day. This service is included in the daily fee.

#### Behavior Guidelines

The Atlanta C-3 Hornet Club works best for all children when a safe and orderly environment exists. When a child's behavior does not meet acceptable standards, the teacher will consider the following circumstances:

- \* The child's age and developmental level
- \* The child's past behaviors and pattern of behavior
- \* The seriousness of the difficulty / problem / harm

There are certain behaviors which are clearly unacceptable. Disciplinary action will be taken when a child:

- \* Fails to recognize the authority of an adult and is disrespectful verbally or physically
- \* Hurts another child or adult
- \* Uses inappropriate language
- \* Destroys toys, books, etc.
- \* Often harms self or others

Please discuss these guidelines with your child. If a student has difficulty in following

these guidelines, the following techniques will be used to reinforce expectations:

- \* Time-out from group / center activities
- \* Suspended privileges from special activities
- \* Individual behavior plan (developed by staff, parent, and child)
- \*Written discipline referrals (Blue slips will be given)
- \* Parent / staff conferences

If a child receives 3 written discipline referrals in a school year, a meeting with the parent(s) /guardian(s) will be required to determine continued program eligibility.

These guidelines are provided to assure the safety and welfare of children and teachers. Children, parents, and teachers are expected to show mutual respect in resolving unacceptable behavior.

#### <u>Grievances</u>

Any parent having questions or concerns pertaining to child/teacher relations, teacher's actions and the like, should initially direct their question or concern to the teacher concerned. If, after having discussed the situation with the appropriate individual and the matter has not been resolved, the parent may take the matter to the program coordinator.

#### A Final Word

We will enjoy having your child in our Program. It is our purpose to provide a program that fits the needs of your family, and gives children a safe environment after school. If you have any questions, suggestions, or concerns about your child, or the after school program, please feel free to contact us.

## Atlanta C-3 Hornet Club Enrollment Form Please Complete Back

	Flease Complete back			
ild's Name		Sex	Birthdate	
Address (Street, City, State, Zip Code)		Home Ph	one Number	
dentifying Information			e Number if not the same	
Mother's or Guardian's Name		Home Phon	e Number it not the same	
Address if not the same as child's			Cell Phone Number	
Employed by			Business Phone Number  Home Phone Number if not the same	
Father's or Guardian's Name		Home Phon	e Number If not the same	
ddress if not the same as child's		Cell Phone I	Cell Phone Number	
nployed by		Business Pho	one Number	
Emergency Contacts (Other than Parent or Doctor) At least on Name	ne required  Relationship	Phone Num	ber	
Address (Street, City, State, Zip Code)	I	Cell Phone I	Number	
Name	Relationship	Phone Num	ber	
Address (Street, City, State, Zip Code)	I	Cell Phone i	Number	
Persons Authorized to take child from the Child Care Facility  Name	Relationship	Phone Number		
		Cell Phone Num	nber	
Name	Relationship	tionship Phone Number		
		Cell Phone Num	nber	
Comments on Child's Development (Note Allergies, Habits, Special Language, Etc.)				
Account balance information can be emailed to yo below:	u. If you would like email not	ifications, please	e provide your email addre	
EMAIL ADDRESS:				

care of my child with the physician If I cannot be reached to make new	or hospital of my choice. cessary arrangements, or in a critical emergency	requiring medical care. I hereby authoriz		
Atlanta C-3 Program to care for my child.				
To Contact Doctor/Clinic				
Name		Phone Number		
Address (Street, City, State, Zip Code)				
For Emergency Medical Treatment Of My (	Child, My Preferred Hospital Is			
Name		Phone Number		
Address (Street, City, State, Zip Code)				
Agreements				
I have received a copy of this facilities polici	es and procedures pertaining to admission, care and discharge	of children.		
Parent or Legal Guardian Signature		Date		
Health Report-Child's Health History and C	Current Health Problems			
Any Allergies, Special Medical Conditions, I				
, , ,				
Any Special Medications And/Or Restrictio	ns			
This certifies that my child is, to r	ny knowledge, in good health and free from dis	abilities that would endanger him/her c		
other children in the program.				
Parent or Legal Guardian Signature		Date		
	Atlanta C-3 Hornet Club Program	202		
-0.	600 South Atterberry Street			
J ( ) &	Atlanta, MO 63530	<b>905</b>		
P XY I	Courtney Garnett-Program Coordinator	4075		
	660-239-4211			

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical

Authorization For Emergency Medical Care

### Late Pick-Up Form

\$1.00 charge for every 5 minutes after 5:30 p.m.

Date:	
Student's Name:	
Time of pick up:	<del></del>
Signature of parent:	Date:
Signature of Teacher:	Date:
Signature of Program Coordinator:	Date:

Please note reason for late pick up, if available:

