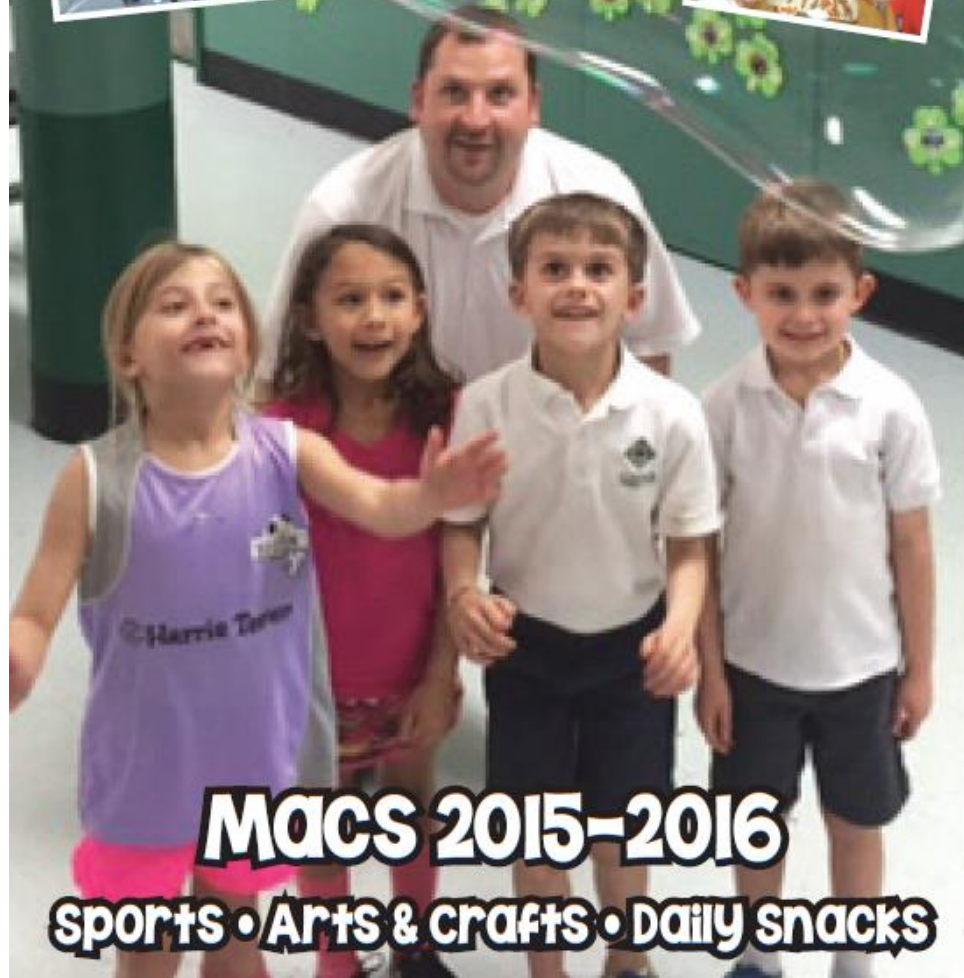


AFTER SCHOOL Enrichment program Registration Handbook



MACS 2015-2016

sports • Arts & crafts • Daily snacks

MISSION

Mecklenburg Area Catholic Schools (MACS) has designed an After School Enrichment Program (ASEP) to meet the needs of the K-8 children, full day preschoolers and full day TK children.

The MACS ASEP will provide a child-centered, safe, stimulating, and happy environment, which will allow children to interact freely with others. The full time Pre-K - Fifth grade will offer a variety of activities which will include: recreation and games, arts and crafts, homework time, snacks, holiday parties, and programs from outside groups.

The middle school ASEP will provide a program to meet the specific needs of adolescents. Students will be exposed to a safe, supervised, and academic environment, providing these students with the ability to complete homework and projects.

The program will provide quality childcare, which parents can rely upon throughout the school year.

REGISTRATION FEE AND FORM

The registration fee is \$60 per family. There is limited space in the After School Enrichment Program. Therefore, in order to assure your child/children a place, it is important that you register by completing and returning the registration form to MACS by August 7, 2015. Individual schools will not be accepting registration forms. If you register after August 7, 2015 you will receive confirmation when a space is available. ***This fee is non-refundable and must be received with the registration form for your child/ren to be considered registered in our program.*** This form must be filled out completely and the information recorded on it should be kept current. Please notify the on-site After School director if there are any changes in business or personal information such as address or phone number during the school year. All students are required to register annually for the program.

CHILDREN WITH SPECIAL NEEDS

Children with special needs such as diabetes, asthma, or seizure disorders will be considered on an individual basis. All appropriate physician orders including medications and treatment plans must be made available to the MACS ASEP Coordinator for the child to be considered.

FIRST WEEK INFORMATION

ASEP will be available beginning your child's first full day of school.

HOURS/DAYS OF OPERATION

The programs will operate from the time school is dismissed until 6:00 p.m. on all school days.

FEES & PAYMENT POLICY SCHEDULE

Full-time \$195/month for one child - \$125/month for each additional child registered full time

Part-time (daily rate) \$17/day - \$10/day for each additional child if attending the same school and the family status is part time.

PAYMENTS

- Bills will be sent monthly from September-May. If you are registered for full time with no status changes during the year, August and June are included in your full time yearly rate.
- Please notify the on-site ASEP director if you do not receive a payment notice. **It is the responsibility of the parent to ask for a payment notice if a notice is not received by the 2nd of the month.**
- Checks are to be made payable to: "MACS-ASEP" ***Use only black or blue ink if writing a check.***
- **PAYMENTS MUST BE MAILED TO THE FOLLOWING ADDRESS:**
Mecklenburg Area Catholic Schools/ASEP
1123 South Church Street Charlotte, NC 28203-4003
Do not remit payment to the on-site ASEP director
- Payments are due by the 12th of each month.
- If your payment is received after the 12th, a late fee of **\$10** will be charged.
- \$25 return check fee
- Fees will not be prorated for holidays or absences.
- If your children attend different schools please enclose **one** check along with both payment notices for the total amount due.
- Electronic check payments are credited to your ASEP account the day MACS receives the payment. Please make sure your family name is noted on the check.
- Do not include ASEP payment with other MACS payments.

RECEIPTS AND TAX ID 56-1779865

Please request a monthly or yearly receipt from your on site ASEP director.

POLICY

- If the monthly payment is not received by the last day of the month your child/children will be excluded from the ASEP until the account is brought current unless arrangements have been made with the ASEP Coordinator.
- All payment arrangements made must provide for full payment before the end of the school term.

ATTIRE

Children may bring play clothes to change into after school.

SNACKS

Snack will be provided daily. Fruit will be available for children who have food allergies. Children on special diets will need to bring their own snacks. Please be sure to include information concerning any allergies your child may have on the registration form.

PERSONAL ITEMS

The program is not responsible for personal items such as: toys, game boys, balls, etc. brought into the program.

MEDICATION

Medication will be administered according to MACS policy. The container must be labeled with the medicine name, the child's name and the time to be given and whether or not refrigeration is needed.

PICK UP

Parents are required to sign their child/children out daily. The staff must be notified in advance in writing if someone other than the parents or authorized person on the registration form will be picking up a child. No child will be allowed to walk home alone or leave with someone not authorized by the parent on the registration form. In case of last minute (emergency) child pickup arrangement, please call the school before or during ASEP hours.

CONDUCT AND DISCIPLINE

Children are expected to behave in the program. The goal of this program is to establish an atmosphere in which all children will enjoy participating in the activities. If a child's behavior becomes a problem, privileges within the ASEP will be taken away. If your child is acting extremely inappropriate or endangering other children, you may be called and asked to pick up your child from the program that day with a suspension or expulsion from the program. This is done at the discretion of the on-site ASEP director.

The program expects that the child/children will:

- Remain with the group and staff at all times.
- Be responsible for his/her actions.
- Arrive at the program promptly and orderly.
- Remain quiet when a staff member is giving instructions.

METHODS OF DISCIPLINE

- Separation from group activities (time out), withholding privileges, and service time (chores, etc.)
- Parent/on-site Director/staff conferences
- Suspension/expulsion

LATE PICK UP

There will be a \$10 fee charged for late pickup after 6:00 p.m. (School Clock). Plus, for every minute late after 6:05 p.m., an additional fee of \$1.00 per minute will be charged. After the THIRD late pickup, a child may be expelled from the program with a two-week grace period to find other care. If your child has not been picked up by 6:15 and no notification has been given, one of the emergency number persons will be contacted to pick up your child. Once your child has been picked up by the emergency number person, a sign will be left on the outside school door telling the name of the person who picked up your child and the After School worker will leave.

GRIEVANCE POLICY

If you have a concern or a problem, please schedule a conference with the on-site ASEP director. After a reasonable amount of time, if you are not satisfied contact the ASEP Coordinator.

If you have a problem or an issue with a child or an After School assistant in the program, please speak with the on-site director. Do not approach children within the program to discuss issues.

DIRECTOR AND COORDINATOR

Each After School Program has a director along with a staff of assistants who are aware of and dedicated to the MACS mission statement.

For further information contact the After School Coordinator

Ellen Buening 704-370-3268

ehbuening@charlottediocese.org

ASEP PHONE NUMBERS *Between the hours of 2:15-6:00 (During School Year)*

St. Ann Catholic School	704-676-0710
St. Patrick Catholic School	704-333-9176
St. Gabriel Catholic School	704-362-5047 ext. 255
Our Lady of the Assumption Catholic School	704-531-0067 ext. 228
Holy Trinity Catholic Middle School	704-527-7822 ext. 180
St. Mark Catholic School	704-766-5017
St. Matthew Catholic School	704-927-2417

Mecklenburg Area Catholic Schools 2015-2016 After School Enrichment Program Calendar

AUG

M	T	W	Th	F
3	4	5	6	7
10	11	12	13	14
17	18	19 ☺	20	21
24	25	26	27	28
31				

SEPT

M	T	W	Th	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

OCT

M	T	W	Th	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

NOV

M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

DEC

M	T	W	Th	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18 *
21	22	23	24	25
28	29	30	31	

JAN

M	T	W	Th	F
				1
4	5	6	7	8
11	12	13	14	15 *
18	19	20	21	22
25	26	27	28	29

FEB

M	T	W	Th	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29				

MAR

M	T	W	Th	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23 *	24	25
28	29	30	31	

APR

M	T	W	Th	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

MAY

M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

JUNE

M	T	W	Th	F
		1	2	3 ☼
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

■ No School / ASEP not available

☺ First day of School / ASEP program available beginning your child's first full day of school

* Early dismissal / ASEP Available

☼ Last day of School / Early dismissal ASEP not available

After School Enrichment Program Registration Form

2015-2016 School Year

List first and last name of children attending:	2015-2016 Grade Level	School	Check appropriate box Part time is a daily rate
_____	_____	_____	<input type="checkbox"/> Full time or <input type="checkbox"/> Part time
_____	_____	_____	<input type="checkbox"/> Full time or <input type="checkbox"/> Part time
_____	_____	_____	<input type="checkbox"/> Full time or <input type="checkbox"/> Part time
_____	_____	_____	<input type="checkbox"/> Full time or <input type="checkbox"/> Part time

Mother's Name _____

Address: _____

City _____ State _____ Zip Code _____

Phone #: Home _____ Business _____ Cell _____

Email Address: _____

Father's Name: _____

Address if different: _____

City _____ State _____ Zip Code _____

Phone #: Home _____ Business _____ Cell _____

Email Address: _____

Emergency Contacts / People authorized to pickup child-other than parent

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

List any allergies, disabilities, restrictions or special needs that your child may have:

Any other pertinent information:

Doctor: _____ Phone # _____

Dentist: _____ Phone # _____

Insurance / Policy Number: _____

Hospital Preference: _____

I agree that the staff may authorize a physician to provide emergency care in the event that I cannot be contacted.

Signature: _____ Date: _____

Please submit one registration form per family and the \$60 family registration fee to: Mecklenburg Area Catholic Schools, 1123 South Church St., Charlotte, NC 28203

Make check payable to: MACS – ASEP AMOUNT REMITTED \$ _____