

Berean Academy Aftercare Rules and Policies

1. No mentor/staff member should be alone with a scholar at any given time.
2. All mentors and staff members will talk to all scholars in a loving and logical way.

Payments (New Payment Policy as of July 2017)

- ❖ **\$5.00 per day**
- ❖ We prefer that all payments are anticipated, so that you pay for the days you will use ahead of time.
- ❖ All **payments** will be **due** on the **15th of each month**. If the 15th falls on a Saturday or Sunday payments are due on the Friday before the 15th.
- ❖ A **10% late fee** will be added to any payments made **AFTER** the 15th of each month as a late charge.
- ❖ Payments must be made in a timely manner or scholar will not be able to attend aftercare until paid in full.
- ❖ General questions or billing questions may be emailed to aftercare@berean-academy.com or call the aftercare coordinator at 520-459-4113 during school hours.

Late Policy & Procedure

- ❖ Efforts should be made by the parents/guardians to communicate a late pick up. Please call the school office, during office hours, at 520-459-4113 or email aftercare@berean-academy.com.
- ❖ If a scholar has not been picked up by 6 pm without communication from a parent/guardian, The Sierra Vista Police may be contacted by staff.

General Aftercare Rules

1. Respect the school, other scholars, and all mentors/staff. Scholars are expected to take care of the school property.
2. ZERO Tolerance for: Bullying, Violence, and Inappropriate Language
**Aftercare is a privilege. If scholar is misbehaving, scholar will be removed from the aftercare program.
3. Walking feet, please. No running.
4. Keep your hands and feet to yourself at all times.
5. All toys and electronic devices are not allowed in aftercare. Berean Academy is not responsible for any lost, stolen, or damaged items if brought.
6. Scholars are allowed to bring snacks to eat during aftercare.

Berean Academy After-School Program 2017-18 Registration Form

ONE FORM PER CHILD - PLEASE PRINT

*This packet must be filled out completely & fees paid **PRIOR** to attending the Program.*

Rates are \$5.00 a day per child, Monday-Thursday 3:30PM-6PM and Fridays 12PM-6PM

CHILD: _____ Grade(K-6): _____ Age: _____ Date of Birth: ___/___/___

Gender: ___ Male ___ Female Teacher/ Room# _____

Street Address: _____ City: _____ Zip: _____

MOTHER/GUARDIAN: _____ **Home Phone#:** _____

Address (if different than child): _____ Cell Phone#: _____

Employer: _____ City: _____ Wk. Ph#: _____

FATHER/GUARDIAN: _____ **Home Phone#:** _____

Address (if different than child): _____ Cell Phone#: _____

Employer: _____ City: _____ Wk Ph#: _____

HEALTH INFORMATION:

___ YES: I understand my child must be able to feed and toilet themselves (identify need and proper use; dress self, no "pull-ups", etc.)

___ NO/ ___ YES: Does your child have any disability that requires special accommodation?

___ NO/ ___ YES: Taking any medication(s)? If so, list/what for: _____

___ NO/ ___ YES: Are there any health issues affecting your child? If so, list and describe what precautions should be taken: _____

EMERGENCY CONTACTS – LIST (2) OR MORE LOCAL INDIVIDUALS, BESIDES PARENT/GUARDIANS ABOVE.

The following persons may also be contacted, or remove my child from the program – Please have ID:

LEGAL NAME(as appears on ID)	RELATIONSHIP	DAY PHONE	WK/ HM/ CELL #s
1.			
2.			
3.			
4.			
5.			