
Schoolhouse Extended Care

Director: Tammy Young

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WHERE KIDS MATTER!
INTRODUCTION

School House Extended Care Program is an on-site school campus based program. Our mission is to provide safe, fun and caring childcare for school-age children. Care will be held at Reno and SES campuses from the hours of 3:00p.m. – 6:00p.m.

POLICIES

1. Parents are encouraged to visit the facility and inquire about the program before enrolling their children.

2. Parents must turn in a completed enrollment form. Shot records must be on file with the school district.

3. Fees and Tuition

Registration fee is Non-refundable and is $35.00 per child.

Tuition is $45.00 a week/ Holidays (Thanksgiving will be $30.00 for the week). There is no pay by day option if you are enrolled full-time. You may go to part time basis, the fee per day is $15.00 and due the day of service. (CCMS Provider)

Springtown ISD faculty and staff will receive free services for children enrolled in the School House Extended Care Program weekly fee, however due to the rise in snack cost there will be a $35.00 snack fee 1st and 2nd semester per child. Faculty & Staff hours are from 3:15 to 4:05pm, unless there is a faculty meeting called. Free services are for School Business only. Any personal business is a $15.00 per day fee.

4. Weekly tuition is due on Monday of the week of service. After 6:00pm Monday, a late fee of $5.00 a day will be added, unless prior arrangements are made with director, Tammy Young. If tuition becomes two weeks delinquent the child shall be withdrawn from the program unless prior arrangements have been made with the director.

5. A $25.00 service charge will be charged for all returned checks with the amount of check.

6. A two-week notice prior to withdrawal is required so that the child’s place may be filled. If no notice you will be responsible for a two week charge.

7. A child may be released to either parent unless legal verification of custody is provided.

8. Children are to meet staff in school cafeteria upon arrival/dismissal. Staff will sign students in.

9. Parents, when picking their children up, MUST sign them out.
10. Parents must provide documentation of permission before his or her child will be released to anyone other than a parent.

11. On-site staff must be informed of carpool arrangements and must have Documented permission from the parents to release children to the carpool drivers.

12. In case of inclement weather, the sites will follow Springtown ISD delays or closings. If SISD schools are delayed or closed the sites will be closed or delayed.

13. School House Extended Care Program will follow SISD schedule for holiday closings.

**HEALTH REQUIREMENTS AND PROCEDURES**

1. If a child requires medication during hours of operation, the parent must sign and date a release giving the directions of administration. Medication must be in the ORIGINAL, LABELED container and must be kept at the site away from the children. A designee will document all dosages of medication administered.

2. **ILLNESSES** – A child should not attend the program or may be sent home if the child’s oral temperature is 100.4 or greater, axilla temperature is 99.4 or greater. Children need to be fever free for a 24-hour period prior to returning to the program. A child also needs to be diarrhea or vomiting free for at least 24 hours prior to returning as well.

3. **HEAD LICE** – A child may return to the program after a thorough treatment and is nit free. Children must have an additional treatment 7 – 10 days from the first treatment to kill any newly hatched eggs.

4. The staff will make every effort to ensure the safety of your child while in our care. Unfortunately, minor accidents may occur. We will notify you immediately in the event of illness or accident. In case of a serious accident or injury, we will make every attempt to contact you immediately. If we cannot reach you, we will call the person you have indicated on the enrollment forms to make medical decisions for your child. Otherwise, we will take your child to the nearest hospital. A signed permission area on the enrollment form is required at admission on all children.

**PERSONAL ITEMS**

1. No toys will be permitted to be brought into the program from home. This program is not responsible for lost or stolen items, so please leave these items at home, including any electronics. Cell phones may be in back packs only.
2. Children will be playing outside as weather permits. Please remember this when cold weather comes around coats are needed. Children should be dressed appropriately for the weather. Outdoor play will not be permitted when temperatures are below 42 degrees F with the wind chill factored in.

DISCIPLINE & GUIDANCE POLICY FOR SHEC

- DISCIPLINE MUST BE:
  o Individualized and consistent for each child
  o Appropriate to the child’s level of understanding
  o Directed toward teaching the child acceptable behavior and self-control

- A CAREGIVER MAY ONLY use positive methods of discipline and guidance that encourages self-esteem, self-control and self-directions which include at least the following:
  o Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
  o Reminding a child about behavior expectations daily by using clear, positive statements
  o Redirecting behavior using positive statements
  o Using brief supervised separation or time out from the group, when appropriate for the child’s age and development, which is limited to no more than one minute per year of child’s age

- THERE MUST BE NO HARSH, CRUEL, OR UNUSUAL TREATMENT TO ANY CHILD. The following types of discipline and guidance are prohibited:
  o Corporal Punishment or threats of corporal punishment
  o Punishment associated with food, naps, or toilet training
  o Pinching, shaking, or biting a child
  o Hitting a child with a hand or instrument
  o Humiliating, ridiculing, rejecting or yelling at a child
  o Subjecting a child to harsh, abusive, or profane language
  o Putting anything in or on a child’s mouth
  o Placing a child in a locked or dark room, bathroom, or closet with the door closed
  o Requiring a child to remain silent or inactive for inappropriately long periods of time for the child’s age

Texas Administrative Cod, Title 40, Chapters 746 and 747, Subchapters I, Discipline and Guidance

If behavior problems remain a persistent problem and become disruptive to the other children and or the program, the child may be asked to withdraw from the program.
PARENT- FACULTY COMMUNICATION

1. Notices of activities, snack menus, planning sheets, program information and most recent Licensing Inspection will be posted on the parent board.
2. Parents may schedule caregiver conferences through the office or with the caregiver.
3. The Director is also available for parent conferences and must be made aware of any scheduled conferences with the caregiver.
4. Parents are invited to visit the program at any time during hours of operation.
5. Emergency Drills are held periodically to acquaint your child with evacuation procedures. This may make quite an impression on your child the first time a drill is performed. Your child will soon become accustomed to it and will know just what to do in case of an emergency through practice.

NAPTIME

Naptime will not be instituted at the after school program due to the minimal time that they attend.

HEARING/VISION

Screening is accomplished during regular school hours by our school nurse.

SCHOOL PICTURES

There will be no school pictures taken during after school care.

PRAYER/PLEDGE OF ALLEGIANCE

If a student chooses to pray or recite the Pledge of Allegiance, we will honor that right.

NUTURING

There will be times that our students will receive a hug or pat on the back for a job well done by our staff.

ANIMALS

There will be no animals allowed in the after school facility.

VOLUNTEERS/PARENT PARTICIPATION

Volunteers and parents are welcome to help or attend parties. A background check will be done on all volunteers/parents who work with our children.
TB TESTING

Our county does not require our students to have a TB Test.

MOONLIGHTING

Any staff member choosing to care for any School House Extended Care student after 6:00pm and/or weekends, parent and staff member must sign a release form releasing School House Extended Care from any liability. This will be kept in student’s file.

PLEASE NOTE

All staff members are trained to recognize symptoms of child abuse, neglect, and sexual molestation. State law holds an individual responsible for reporting any suspected case of abuse, and the school posts among its emergency phone numbers, the Child Abuse Hotline. Also posted is the number to the local Licensing Office and the Website for protective and Regulatory Services.

Thank you for sharing your children with us!
ATTENTION PARENTS

You are entitled to see the following information. You may ask the director to show you the most recent copy of:

➢ The Minimum Standards for this Licensed Center (also available on the web at www.dfps.state.tx.us or at your local Licensing office),

➢ The most recent Department of Family and Protective Services Inspection / Investigation Report, (compliance information is also available on the web at www.dfps.state.tx.us or from your local Licensing office),

➢ Documentation of liability insurance that complies with Human Resources Code, Section 42.049,

➢ The most recent Fire Marshal's Inspection Report,

➢ The most recent Health Department's Sanitation Inspection Report,

➢ The most recent Gas Pipe Inspection Report, and

➢ The Licensed Center's operational policies.
Keeping Children Safe

Reporting Abuse and Neglect
Texas law requires caregivers to report suspected child abuse or neglect to the Texas Department of Family and Protective Services or law enforcement. Call 1-800-252-5400 to make confidential reports. Failure to report suspected abuse or neglect is a crime. Employers are prohibited from retaliating against caregivers who make reports in good faith.

Protecting Children
Shaken Baby Syndrome is the result of violently shaking young children. Injuries can include brain swelling and damage, subdural hemorrhaging, mental retardation and death. NEVER SHAKE A BABY!

Sudden Infant Death Syndrome, or SIDS, is the unexplained death of a sleeping baby. Always place infants to sleep on their backs on a firm surface, free from soft items such as quilts, pillows or toys.

Unsafe Children's Products
Recalls of unsafe consumer products, including children's products, are available. It is easy and free to find out. Just go to the United States Consumer Product Safety Commission web site at www.cpsc.gov or you may access the recall information at the Texas Department of Family and Protective Services web site at www.dfps.state.tx.us.

Keeping Children Healthy
Protect children from illness and disease:
• Wash your hands and children's hands often.
• Immunize children.
• Keep ill children at home.
• Learn CPR and First Aid.
• Make sure that children drink plenty of water.
• Discuss special-care needs with caregivers.
• Learn more about childhood diabetes, which impairs a body's ability to regulate blood sugar levels, and other medical conditions from your child's health-care provider.

Texas Department of Family and Protective Services
www.dfps.state.tx.us

**LATE FEE**

Name of Child: ________________________________

Time picked up *ACCORDING TO SHEC CLOCK*: __________

$5.00 for the first four minutes starting at 6:01 pm. $10.00 for next four minutes – starting at 6:05 pm.

Example:  
6:01 PM child is picked up – cost is $5.00 per child  
6:05 PM child is picked up – cost is $10.00 per child  
6:09 PM child is picked up – cost is $15.00 per child  
6:13 PM child is picked up – cost is $20.00 per child

**AFTER 6:30 CALL DIRECTOR**

Cash payable to workers on site at the time of pick up.

Date: ____________________  Staff Signature: ____________________

Date: ____________________  Staff Signature: ____________________
I have received the Parent Handbook which includes Operational Policies. I have received and signed the Nutrition Statement. I give permission to post pictures on SHEC Reno and Springtown site closed group Facebook page.

Child’s Name: ____________________________________________

Parent Name/Signature: ______________________________________

Date: _____________________________________________________
Operation Name

Child’s Full Name

Child’s Home Address

Date of Admission

Date of Withdrawal

Parent’s or Guardian’s Name

Address (if different from child’s address)

List telephone numbers below where parents/guardian may be reached while child will be in care:

Mother’s Telephone No.

Father’s Telephone No.

Guardian’s Telephone No.

Cell Phone No.

Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:

I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

CHECK ALL THAT APPLY:

1. ☐ TRANSPORTATION: I hereby ☐ give ☐ do not give — consent for my child to be transported and supervised by the operation’s employees:
   - Walk home ☐
   - for emergency care ☐ on field trips ☐ to and from home ☐ to and from school

2. ☐ FIELD TRIPS: I hereby ☐ give ☐ do not give — my consent for my child to participate in Field Trips:
   - Parent’s Comments:

3. ☐ WATER ACTIVITIES: I hereby ☐ give ☐ do not give — my consent for my child to participate in Water Activities:
   - sprinkler play ☐ splashing/wading pools ☐ swimming pools ☐ water table play

4. ☐ RECEIPT OF WRITTEN OPERATIONAL POLICIES:
   - I acknowledge receipt of the facility’s operational policies including those for discipline and guidance.

5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:
   - None ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack

6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:
   - Mondays from: to:
   - Tuesdays from: to:
   - Wednesdays from: to:
   - Thursdays from: to:
   - Fridays from: to:
   - Saturdays from: to:
   - Sundays from: to:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: ___________________________ Address: ___________________________ Ph.#: ___________________________

Name of Emergency Medical Care Facility: ___________________________ Address: ___________________________ Ph.#: ___________________________

I give consent for the facility to secure any and all necessary emergency medical care for my child. ___________________________ Signature - Parent or Legal Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver’s should be aware of:

______________________________

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

______________________________

Signature - Parent or Legal Guardian

Date
**ADMISSION INFORMATION**

**Operation Name**  
**Child’s Full Name**  
**Child’s Home Address**  
**Date of Admission**  
**Parent’s or Guardian’s Name**  
**List telephone numbers below where parents/guardian may be reached while child will be in care:**

<table>
<thead>
<tr>
<th><strong>Mother’s Telephone No.</strong></th>
<th><strong>Father’s Telephone No.</strong></th>
<th><strong>Guardian’s Telephone No.</strong></th>
<th><strong>Cell Phone No.</strong></th>
</tr>
</thead>
</table>

**Date of Withdrawal**  
**Address (If different from child’s address)**  
**I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.**

**I hereby □ give □ do not give □ consent for my child to be transported and supervised by the operation’s employees:**

<table>
<thead>
<tr>
<th><strong>Walk home</strong></th>
<th>□ for emergency care</th>
<th>□ on field trips</th>
<th>□ to and from home</th>
<th>□ to and from school</th>
</tr>
</thead>
</table>

**I hereby □ give □ do not give □ consent for my child to participate in Field Trips:**

**I hereby □ give □ do not give □ consent for my child to participate in Water Activities:**

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<tr>
<th>□ sprinkler play</th>
<th>□ splashing/wading pools</th>
<th>□ swimming pools</th>
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**RECEIPT OF WRITTEN OPERATIONAL POLICIES:**

I acknowledge receipt of the facility’s operational policies including those for discipline and guidance.

**I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:**

<table>
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<tr>
<th>□ None</th>
<th>□ Breakfast</th>
<th>□ AM Snack</th>
<th>□ Lunch</th>
<th>□ PM Snack</th>
<th>□ Supper</th>
<th>□ Evening Snack</th>
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</table>

**MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:**

| □ Mondays from: | to: |
| □ Tuesdays from: | to: |
| □ Wednesdays from: | to: |
| □ Thursdays from: | to: |
| □ Fridays from: | to: |
| □ Saturdays from: | to: |
| □ Sundays from: | to: |

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

<table>
<thead>
<tr>
<th><strong>Name of Physician:</strong></th>
<th><strong>Address:</strong></th>
<th><strong>Ph. #:</strong></th>
</tr>
</thead>
</table>

<table>
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<tr>
<th><strong>Name of Emergency Medical Care Facility:</strong></th>
<th><strong>Address:</strong></th>
<th><strong>Ph. #:</strong></th>
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I give consent for the facility to secure any and all necessary emergency medical care for my child.  

Signature - Parent or Legal Guardian

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List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

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Signature - Parent or Legal Guardian  

Date
SPRINGTOWN ISD 2017/2018

BUS RIDERSHIP FORM

BUS RULES to be abided by all students while on the bus to insure an orderly and safe atmosphere. If a student does not abide by the rules of conduct, the principal through suspension may take the privilege of riding the bus away.

BE SAFE, SECURE, AND SUCCESSFUL

#1 Be Safe By:
- staying in your seats properly at all times
- sitting in your assigned seat
- listening to the driver's instructions
- keep head, hands, and feet inside the bus
- using a voice level of 1

#2 Respect The Bus By:
- picking up all garbage and take it off the bus
- keeping food and drink off bus
- not using tobacco products on the bus
- not throwing objects inside the bus or out the window
- not damaging the bus
- by cooperating with the driver

#3 Respect Each Other By:
- Keeping hands, feet, and objects in your own personal space
- using kind words
- having zero tolerance for bullying and harassment

Springtown ISD does not allow guest riders.
Friends cannot ride with friends. Only eligible passengers are allowed on the bus, and only on the bus for their assigned route.

Eligibility of Transportation:
The State of Texas defines students eligible for transportation aboard a school bus as; those pupils that live 2 miles or further from the school as measured by the closest possible routing whether or not this routing is the actual route utilized by the bus during daily operations.

Elementary students could have to walk up to .25 of a mile to a bus stop.
Intermediate, Middle and High School students could have to walk up to .50 of a mile to a bus stop.

GRADE: ____________________________    Campus: ________________________________

Date of first ride: _____________ Will ride: _______ am  _______ pm  _______ both

Student's Name: ________________________________________________________________

Physical Address: ______________________________________________________________

Enter the address if the student needs to be picked up & dropped off at a location other than home address.

The Transportation Director must approve student transportation to or from an address other than their legal residence and may result in a delay of service.

Pick up and Drop off address: __________________________________________________

Only ONE (1) address will be allowed for pick-up and drop-off.

Parent/Guardian Name: _________________________________________________________

Primary Phone Number: _______________________________________________________

Please list any medical condition(s) the bus driver needs to be aware of: ___________________________________________________________________

Signature: ____________________________    Date: __________________________

Transportation Dept. Use Only:

_______ Skyward  _____ Transfinder  ________ cc:driver  BUS # Assigned _______