

Marshalltown Christian School  
Before & After School Program Guidelines

Marshalltown Christian School will be offering a before and after school program for all interested MCS families during the academic year. The before/after school program will be directed by Mrs. Tracy MacBeth. Parents may utilize these services from **7:30-8:20 am (Monday-Friday)** and **3:30-4:30 pm (Monday, Tuesday, Thursday, Friday)** and **2:30-4:30 pm on Wednesdays**. The daycare room will be located in the smaller of the two kid zone rooms. You will enter from the southwest doors and go to the end of the hallway. In the after school program, the children will be able to participate in small/large-motor activities, crafts, games and other fun activities. All participating families will sign a contract verifying they agree to abide by the following guidelines:

- 1.) A fee of **\$3.00 per child per session (morning & afternoon sessions billed separately)** will be assessed for services provided.
- 2.) Because everyone's time is valuable, an additional \$5.00 per full 15-minute increment will be added for services provided past 4:30 pm. Cellular phone atomic clock will be used as the standard for time.
- 3.) Payments shall be made directly to Mrs. MacBeth via cash or check and are due on the first Friday of each month for the previous month's participation.
- 4.) A \$25.00 late fee will be added to any account not paid by the due date each month. If for any reason there is no school on a Friday when payment is due, the payment will be on the next school day. Checks returned due to insufficient funds will be assessed a \$25.00 fee.
- 5.) A daily time log will be kept on file for each student participating. The parent or adult responsible for your child's transportation will be asked to sign your child in and out each day. **Childcare will not be available on non-school days and before care will not be available on inclement weather delay mornings. Students should arrive when the school opens in the case of an inclement weather delay. In case of early dismissal due to inclement weather, after school care will open early and parents will be contacted by phone to pick up their children early from school.**

- 6.) **Students will only be dismissed with those adults listed on participation contracts.** The adult's name, phone number, and relation to the student must be listed. Anyone picking up your child should be prepared to show proof of identify with current photo I.D., if requested. If changes are necessary, a verifiable phone call (and hand written note when possible) must be made to the daycare staff. Please understand this precaution is for your child's safety.
- 7.) A contract will be filled out, signed, and returned to MCS **no later than Tuesday August 28,** stating which days you agree to use and pay for before and after school services, and whether your child will be present for the AM session, PM session, or both.
- 8.) **Families requesting before and after school services will be required to pay for the times indicated on their contract, unless at least 1 week advance written notice is given. Exceptions to this are: students absent from school due to illness/doctors appointments, family emergencies, and no school due to weather delays/cancellations.**
- 9.) If you are running behind and know you will be late, please call the MCS daycare staff to alleviate any worries. Thank you!

**Marshalltown Christian School**

**Before & After School Participation Contract**

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Parent(s):** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

**Phone Number(s) of Responsible Parent(s):** \_\_\_\_\_

I, \_\_\_\_\_, desire that my child, \_\_\_\_\_, will participate in and abide by all MCS guidelines during the before and after school program. I have read and agree to abide by the guidelines set forth for me, as a parent, and desire to have my child participate on the following days and during the times indicated. I understand I am responsible for paying for all times indicated below in accordance with the program rules and agree to do so in a timely and appropriate manner.

\_\_\_\_\_  
(Signature of responsible parent) (date)

**My child will participate during the days and times indicated.**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>AM</b> <b>(7:30-8:20 am)</b>					
<b>PM</b> <b>3:30-4:30 pm</b> <b>2:30-4:30 pm (Wed.)</b>					

The following adults are authorized to pick up my child from the MCS before and after school program. Any changes to this list will be made in writing and submitted to the program supervisor in a timely manner.

**Name:**                      **Phone Number:**                      **Relation to Student:**

- 1.
- 2.
- 3.
- 4.

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**Emergency Contact information:**

Name: \_\_\_\_\_, Phone: \_\_\_\_\_

Relationship to Student

Name: \_\_\_\_\_, Phone: \_\_\_\_\_

Relationship to Student

**Please list any other information you may deem helpful for the daycare staff including: allergies, food allergies, medical conditions, medications routinely taken, etc.**

**Emergency Medical Treatment authorization:**

In the event of a medical/dental emergency, I give the MCS daycare staff permission to seek medical attention for my child and agree to be responsible for any medical charges incurred as a result of the medical attention sought.

\_\_\_\_\_  
(Signature of Parent)

Hospital preferred \_\_\_\_\_

Please list physician's name, phone and address: \_\_\_\_\_

\_\_\_\_\_  
Please list dentist's name, phone, and address: \_\_\_\_\_

\_\_\_\_\_