Smart Start Extended Day Policy Handbook

Brockton Public Schools 2009-2010
PHILOSOPHY

The teaching staff will maintain a safe nurturing environment that promotes the physical, social, emotional, and cognitive development of the children while responding to their needs and the needs of their families. Children learn through concrete experiences, through planning and making decisions, through social interaction with peers and adults, and through active participation. Children also need chances to make choices and time to relax and think. Play and experiences that encourage cooperative social interaction are important parts of our program.

Our Extended Day Program is a place for your child to explore, create, invent, expand vocabulary, knowledge, and experiences, listen and be listened to, and share with peers and adults in a relaxed, caring atmosphere. We maintain a ratio of 13 children to 1 adult. Our teachers are education specialists who care very much about your child. We feel we are partners with parents and encourage parent involvement and communication.

PURPOSE

The Extended Day Program provides supervised group care for children by experienced staff. The program is for school children in the elementary grades and runs from 7:00 am to the beginning of school each morning and from the end of school until 6:00 each afternoon on days that school is in session. Activities and experiences encourage children to be involved in educational, enrichment, and recreational programs.
PROGRAM

The program provides a balance of physical, intellectual, emotional, and social experiences to meet the child’s needs. Activities include quiet and active play, individual and group activities, indoor play, outdoor activities and project making. Age and developmentally appropriate materials include art projects, manipulatives, books and games, teacher-prepared and approved thematic units, opportunities to explore hobbies, computer time and many other activities. Participants will have the opportunity to participate in Community School classes. There will be no extra charge for these programs.

The Brockton Public School System/Smart Start Extended Day Program does not discriminate on the basis of race, religion, color, national origin, age, sex, veteran’s status, sexual orientation or disability in admission to, access to, treatment in or employment in its programs and activities.

Coordinator of Extended-Services Programs
Maxine Richardson-(508)894-4257

Site Coordinators

Manager of Subsidized Care – Elizabeth Giblin Phone (508) 894-4295
Angelo School – Adam St. Peter/Kim Saraiva/Dana Cohen “ (508) 894-4533
Arnone School – Pamela Brown/Sheliah White/Ines Enos “ (508) 894-4264
Baker School-Victoria Bragg/Kara Pike/Sally Morrill “ (508) 894-4387
Brookfield School-Marguerite Masson/Alicia Silipigno/S Morrill “ (508) 580-7211
Davis School- Brian Ferrari/Jeane Gasson “ (508) 580-7215
Downey School – Kurt Krastin/Deane Norris/Alison Santoro “ (508) 894-4273
George School-Janine Higgins/Stephen Shaw/Julia Matos “ (508) 580-7594
Hancock School – Natalie Pohl/Melissa Shepard/Nicole Ford “ (508) 580-7216
Huntington School – Marybeth O’Brien/Kelli Andrews “ (508) 894-4296
Kennedy School – Beth Sullivan/Kelly Nichols “ (508) 894-4567
Raymond School – Patricia Dupuy/Elizabeth Giblin/Julia Matos “ (508) 580-7226

HOURS – School days: 7:00 a.m. to beginning of school and at end of school day through 6:00 p.m. Vacations/holidays/summer: 7 a.m.-6 p.m.

STUDENT INFORMATION – Must be on file at start of program. There must be at least three (3) contact people (with valid phone numbers) in case of an emergency.

CALENDAR – The Extended Day Program operates on days that school operates, school vacations and some holidays. Please check your Brockton Public School calendar and the Extended Day calendar at the end of this handbook.

INCLEMENT WEATHER – If school is canceled, the program will not operate. In case of a delayed opening, the program will open at 8:00 a.m. at ALL sites. Please listen to WXBR, 1460 AM, WBZ 1030 AM for updates.

TRANSPORTATION – It is the parent’s responsibility to provide for or arrange their own transportation.
ARRIVAL – Parents must bring their children into the building and sign them in each morning using the designated entrance.

ABSENCE – If a child is in the PM session and he/she is dismissed early from school, the site coordinator must be left a message regarding this. **No adjustments are made in the tuition for absences.** Full tuition is always due on the **Friday** before the start of the upcoming week.

ILLNESS – If a child becomes ill while at the program, a parent will be contacted for pickup. Children experiencing fever or vomiting will not be admitted to the program. Please do not send an ill child to school.

BREAKFAST – Children enrolled in the **morning program** will have breakfast **each morning** through the Nutrition program. **Nutritious snacks** are provided every afternoon.

TUITION – Tuition is due on a weekly basis on the Friday* prior to the start of the upcoming week. Tuition must be paid by cash, credit card, check, or money order by the parent to the building coordinator. **Once enrolled, participants are required to pay this weekly fee without regard to attendance, holidays, half days, or weather.** For private pay families the only exception to the standard weekly fee will occur on Christmas, February, and April school vacations. Then the required fee will reflect the full day programming of $30.00 daily for families choosing to attend. Checks are payable to Brockton Community Schools. Your paid tuition is tax deductible, however, it is the parent’s responsibility to keep track of the total amount that has been paid throughout the year. Please save your receipts. Coordinators are not prepared to give this information. Vouchers are accepted from Home Health and Child Care.

**Weekly Tuition Information**

<table>
<thead>
<tr>
<th>School Week Fees*</th>
<th>$75.00 afternoons / $15 daily</th>
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<tr>
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<td>$25.00 mornings / $5 daily</td>
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<td>$100.00 both mornings/afternoons (full program)</td>
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<table>
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<tr>
<th>School Day Rate</th>
<th>$68.75 afternoons / 13.75 daily</th>
<th>$25.00 mornings</th>
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<tr>
<td>(This rate is for registration on school days only – no vacations, holidays, or summer participation is allowed)</td>
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| Vacation Weeks / Summer* | $150.00 ($30.00 daily) |

*rates subject to change late fall 2009

**Enrollment in the summer program requires that all school year accounts are paid in full prior to the start of the summer. Likewise all summer balances must be paid before enrollment in the following school year program.**
Payments: We accept Visa, Mastercard, Money Orders, cash and personal checks

ACCEPTANCE OF PERSONAL CHECKS – The check acceptance policy will be clearly posted on site for all participants and their families. The following information must be provided by you if you choose to pay with a personal check:

- Checks must be presented in person.
- The person writing the check must be present.
- License number, Expiration date and current phone number must be written on the check.
- The complete address must be imprinted on the check.
- Identification must be presented to the site coordinator for the person writing the check.
- Written amounts and numbers on the check must correspond.
- The date on the check must be the same as the day it is presented.

RETURNED CHECK FEE - $35.00 Service Charge will be assessed for checks returned. Further payments will be on a cash only basis.

**LATE PAYMENTS-If you are two weeks delinquent in your payments, termination procedures will begin.

LATE POLICY – The program ends promptly at 6:00 p.m. There will be an additional charge of $1.00 for every minute you are late. This is to be paid directly to the staff member on duty that evening. If there is an emergency, please make other arrangements and call the coordinator. During the summer program, this policy will apply as well.

WITHDRAWAL – Notification must be addressed to the site coordinator. A two-week notice (in writing) of withdrawal or decrease in enrollment days is required so that allowances can be made in the financial planning and in the scheduling of staff. The obligation to pay for two weeks is unconditional and tuition money cannot be refunded due to illness or withdrawal from the program. This will be strictly enforced.

ENROLLMENT – Applications for the upcoming year will be made available in May. When enrolling your child for the following September, the first two-week tuition will be required to hold your spot. This is non-refundable. If space allows, enrollment will continue throughout the year.

SCHEDULES – Those children who participate less than five days per week will have their schedule established at registration. Enrollment will be subject to availability.

SPECIAL NEEDS – In order to best care for your child, it is important that you share with the staff any special physical, cognitive, emotional, or other concerns that may affect your child’s well-being at the Extended Day Program.
MEDICAL ISSUES – Please advise us of any medical conditions that your child may have. We do not have a nurse on duty during the school year on school days. A nurse, if available, will give medication during the summer and school vacation periods.

EXTENDED DAY BEHAVIOR POLICIES
Discipline is a major concern for everyone who interacts with children. It is important for all of the adults who discipline your child to work together, and to be aware of the methods being used. Behavior management is more likely to be a success if the strategies being used by parents and teachers coincide. This is why we feel it is important to make sure you are aware of the disciplinary methods being employed in this program.

The behavior policies that the extended day staff follows will be consistent with the Assertive Discipline Program in effect during the school day. The staff will make all rules, limits, and expectations clear to the children.

If you have questions regarding the behavior policies, please feel free to contact the Extended Day Coordinator. We appreciate all constructive input and suggestions.

SUSPENSION, TERMINATION POLICY
Although most children behave appropriately most of the time, there are times when children will “act out” in extremely inappropriate ways. This may be due to circumstances beyond the child’s control that interfere with the child’s ability to trust his or her environment and feel safe and secure. Even though we may understand the reasons for the extreme behavior, we cannot accept the behavior. When a child exhibits this extreme behavior, measures must be taken to protect the child, to protect the other children, and to protect the program in general. These measures can include warnings, suspensions, and/or termination from the program.

The following is a list of extreme behaviors, which may result in suspension or termination from the program:

- HARMFUL BEHAVIOR TOWARDS OTHER CHILDREN, TEACHERS OR SELF
- ABUSIVE LANGUAGE, BULLYING AND TEASING
- INAPPROPRIATE TOUCHING
- LEAVING THE CLASSROOM AND/OR PREMISES WITHOUT PERMISSION
- DESTRUCTION OF PROGRAM OR SCHOOL PROPERTY
- DISRESPECTFUL BEHAVIOR
- CONTINUED OR CHRONIC MISBEHAVIOR
The program will follow the guidelines of the Brockton Discipline Code distributed to all parents of Brockton Public School children. Determination for suspension or termination shall be made by the coordinator and the teaching staff. If a parent wishes to question the action, the Coordinator of Extended-Services Programs may be contacted.

**PICK UP**

The program closes at 6:00 p.m. promptly. You should arrive a few minutes before 6:00 p.m. to allow your child time to gather his or her belongings.

*Please allow extra travel* time on days when driving conditions are poor or when traffic is heavy (Fridays). If weather is bad and you are traveling from out of town please arrange for someone close by to pick up your child but notify the extended day office if you have made alternate plans for pickup. No child will be released unless we have prior approval. Proof of identification will be requested when children are picked up by anyone other than a parent or when the person is unknown to the staff. When picking up children, sign them out in the “sign out” book. Always be sure that a staff member is aware that your child is leaving for the day.

**LATE PICK UP**

If a child is not picked up by 6:00 p.m. and parents have not contacted the Extended Day office, the staff will contact those people who are listed on the information form and who are authorized to take the child from the program. **After a reasonable amount of time if a child is not picked up, the staff is authorized to file a 51A with the local Department of Social Services and to contact the Brockton School Police for assistance in the situation.**

A member of the Extended Day staff will remain at the school with the child until a parent or other authorized person arrives.

As stated earlier, when children are not picked up by 6:00 p.m., parents will be assessed a $1.00 late charge per child for every minute after 6:00 p.m. Late fees are payable to the staff member required to stay on that particular evening. After two (2) such instances, we reserve the right to suspend or terminate an enrollee’s participation.

**The Extended Day Program is separate from the regular day school program. All questions and concerns pertaining to your child’s participation and enrollment should be directed to the Extended Day Site Coordinator, not to school administrators.** Should you have any concerns regarding the Extended Day staff, please report it to the building coordinator, who will then discuss it with the individual staff member. Conferences will be arranged at the request of parents or a staff member.

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**Electronic Games/IPODS, etc.: Children should NOT bring any electronic games or devices to the Extended Day Program.** We want all children to actively participate in all classes, activities and events. Any such items brought into the program will be held by the Coordinators on duty and given to the parent at the end of the day. We are not responsible for the loss or damage to any such devices.
SMART START EXTENDED DAY PROGRAMS
Calendar for the 2009-2010 School Year

The Smart Start Program will be CLOSED on the following days:
August 27, 28, 31
September 1, 7
November 26, 27
December 24, 25
January 1
February 15
May 31

We will be open on the following holidays at the schools listed below. Please be sure to sign up for each holiday at your individual school. Your child’s information will be forwarded to the appropriate site for that holiday/vacation period. Signing up for a holiday/vacation period is a commitment on your part for the fees due for that period. Voucher families are required to pay for each week of the year regardless of attendance.

Children with medical needs must bring their prescriptions, including inhalers, in the original labeled bottle for the nurse to distribute.

Breakfast and Lunch are NOT served at holiday sites. Please have your child eat breakfast at home and send a lunch and snacks for the day.

Watch for announcements for SUMMER in the spring of 2010!

Open Holidays

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Dates</th>
<th>Location</th>
<th>Register by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yom Kippur</td>
<td>Mon, 9/28</td>
<td>Downey</td>
<td>16-Sept.</td>
</tr>
<tr>
<td>Columbus Day</td>
<td>Mon, 10/12</td>
<td>Raymond</td>
<td>30-Sept.</td>
</tr>
<tr>
<td>Christmas Recess</td>
<td>12/23, 28,29, 30,31*</td>
<td>Angelo (*close at 2:30 on 12/31)</td>
<td>10-Dec</td>
</tr>
<tr>
<td>Martin Luther King Day</td>
<td>Mon, 1/18</td>
<td>George</td>
<td>6-Jan</td>
</tr>
<tr>
<td>Winter Recess</td>
<td>T-F, 2/16-19</td>
<td>TBD</td>
<td>28-Jan</td>
</tr>
<tr>
<td>Good Friday</td>
<td>Fri, 4/2</td>
<td>Baker</td>
<td>17-Mar</td>
</tr>
<tr>
<td>Spring Recess</td>
<td>M-F, 4/19-23</td>
<td>Arnone</td>
<td>25-Mar</td>
</tr>
</tbody>
</table>
EXTENDED DAY PROGRAM Registration Form 2009-2010

All information is requested for the welfare and benefit of your child. It will be held in confidence by the staff of the program.

Child’s Name________________________________________ School__________________________________________

Age_______ Date of Birth__________ Grade______ Teacher___________________

Parent’s/Guardian’s Name_______________________________________________________________

Home Address_________________________________________________________________________

Home Phone______________________________ Cell Phone___________________________________

Work Address_________________________________________________________________________

Work Phone____________________________________

Parent’s/Guardian’s License Number_______________________________________________________

3 Emergency Names (These must have transportation.)       Phone Numbers

1.__________________________________________________     _____________________________

2.__________________________________________________     _____________________________

3.__________________________________________________     _____________________________

Please list any medications your child is taking._______________________________________________

_____________________________________________________________________________________

Please list any medical problems or special circumstances that your child may have.__________________

_____________________________________________________________________________________

List any person not authorized to pick up your child. Notify the coordinator if there are any changes to this list.

_____________________________________________________________________________________

_____________________________________________________________________________________

*** Please submit any Court order document pertaining to legal and physical custody of your child.
Please read and initial each item.

1. I give permission to the Brockton Community Schools and the Extended Day staff to perform emergency first aid or for professional medical attention to treat my minor child in case of an emergency. Further, I do hereby consent to the participation of my minor child in the Extended Day Care Programs and do forever RELEASE, ACQUIT, DISCHARGE, and COVENANT to hold harmless the Brockton Public Schools and the City of Brockton from any and all actions, causes of action, and claims on account of or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereinafter have as parent of said minor child and also all claims or right of action for damages which said minor child has or hereinafter may acquire either before or after said minor child has reached his/her maturity resulting from his/her participation in the Brockton Community Schools Extended Day Care activities.

______________________________
Initials

2. I give my child permission to participate in any field trip associated with the Extended Day Program.

______________________________
Initials

3. The Extended Day Program has my permission to use any information contained in my Federal Lunch application. This will be used in the Child Care (Nutrition) program conducted by the Massachusetts Department of Education.

______________________________
Initials

4. I give permission for the program to release any type of positive media regarding my child’s participation in the program.

______________________________
Initials

5. I have read and understand the late policy and agree to the policy as stated.

______________________________
Initials

I have read and understand the policies, procedures, and fee schedules of the Extended Day Program. I agree to follow them as stated in the handbook. I understand that the enrollment of my child obligates me to a weekly fee. This is to be paid weekly without regard to holidays, absences, half days, or weather days during the normal school year.

**Parent’s/Guardian’s Signature**

Please indicate the days and hours you are registering for:

**A.M.**__________ (circle) M T W Th F   **P.M.**__________ (circle) M T W Th F

FULL PROGRAM________
**Brockton Community Schools**  
**Confidential Student Emergency Information Form**

<table>
<thead>
<tr>
<th>Date</th>
<th>Grade</th>
<th>Room</th>
</tr>
</thead>
</table>

Student's Name ____________________________________________  
Last   First   Middle   Place of Birth________________

Address_________________________________________ Brockton, MA 0230  
Home Tel. ( )

**Emergencies such as a sudden illness or accident often occur at school. In the event of an emergency, your child will be transported to the nearest local hospital.**

Please complete the following information:

<table>
<thead>
<tr>
<th>Mother’s/Guardian’s Name</th>
<th>Address</th>
<th>City/Town</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Father’s/Guardian’s Name</th>
<th>Address</th>
<th>City/Town</th>
<th>Zip</th>
</tr>
</thead>
</table>

Child lives with  
Both (   )   Father (   )   Mother (   )   Guardian (   )

<table>
<thead>
<tr>
<th>Mother’s/Guardian’s Occupation</th>
<th>Place of Employment</th>
<th>Address</th>
<th>City/Town</th>
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</table>

<table>
<thead>
<tr>
<th>Father’s/Guardian’s Occupation</th>
<th>Place of Employment</th>
<th>Address</th>
<th>City/Town</th>
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Please arrange for **two other** responsible adults to care for your child in the event that you cannot be reached.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City/Town</th>
<th>Tel. ( )</th>
<th>Cell</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City/Town</th>
<th>Tel. ( )</th>
<th>Cell</th>
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Please indicate if there are any parental restrictions (e.g., current restraining order)

**Please indicate if your child has had**

- Chicken pox ___  
- German measles ___  
- Tuberculosis ___

Please indicate if your child wears

- Hearing aid(s) ___  
- Glasses ___  
- Dentures or partial plates ___

List any medications, or chronic health conditions such as eye or ear problems, heart disease, diabetes, asthma, allergies*, seizure disorder, etc.

Explanation

*Indicate all allergies (be specific)

<table>
<thead>
<tr>
<th>Physician’s Name</th>
<th>Address</th>
<th>Tel. ( )</th>
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<table>
<thead>
<tr>
<th>Dentist’s Name</th>
<th>Address</th>
<th>Tel. ( )</th>
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</thead>
</table>

Health Insurance__________________________________________  
Group Number__________________________________  
Policy Number__________________________________

Has your child had a physical exam within last two years  
__ yes __ no  
Date_______________________

Last dental visit  Date_______________________

I give permission for the School Nurse to share medical information with the appropriate school personnel and to contact my child's physician as necessary.

Signature of Parent/Guardian__________________________________  
Date_______________________

**List other children living in the home.**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Name of School</th>
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<tbody>
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___
Please sign this page and return to your site coordinator:

I have read the Smart Start Extended Day Handbook and understand my responsibilities towards the program and my child’s involvement in it.

Name________________________________________________________
Date________________________

Child’s Name___________________________________________
Grade_________

Child’s Name___________________________________________
Grade_________

Child’s Name___________________________________________
Grade_________

Child’s Name___________________________________________
Grade_________