Welcome to Community After School (CAS). We look forward to working with all of the children, as well as the parents. We have some wonderful things planned for the year. Each afternoon, all children will be served snack and have plenty of time for homework with assistance. Some of our activities will include video game room, indoor/outdoor games and sports, computers, arts and crafts, cooking, and much more. We will also utilize an age appropriate educational program designed by the school board especially for after school. The program was designed for the children to have fun while they learn. As the year progresses we will constantly try to add new activities to our program.

Field trips will be available at Liberty Elementary in Margate on teacher work days for an additional charge. They will always be announced at least a week in advance.

Our hours will be 2:00 - 6:00, except for early release days, which will be 12:00 - 6:00.

When pre-registering in May, pay only the $25 registration fee. Registration fees are non-refundable.

The payment for the first period should be made on the first day of school.

**The fees for after care are $172 per 18 day period for the first child, $162 for each sibling, plus a registration fee of $25 per family**

The 10 pay periods will be as follows:

<table>
<thead>
<tr>
<th>Session #</th>
<th>Dates</th>
<th>Due By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8/18 - 9/11</td>
<td>August 18th</td>
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<tr>
<td>2</td>
<td>9/12 - 10/8</td>
<td>September 10th</td>
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<tr>
<td>3</td>
<td>10/9 - 11/5</td>
<td>October 6th</td>
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<tr>
<td>4</td>
<td>11/6 - 12/5</td>
<td>November 3rd</td>
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<td>5</td>
<td>12/8 - 1/15</td>
<td>December 4th</td>
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<tr>
<td>6</td>
<td>1/16 - 2/11</td>
<td>January 14th</td>
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<td>7</td>
<td>2/12 - 3/10</td>
<td>February 10th</td>
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<td>8</td>
<td>3/11 - 4/14</td>
<td>March 9th</td>
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<td>9</td>
<td>4/15 - 5/8</td>
<td>April 13th</td>
</tr>
<tr>
<td>10</td>
<td>5/11 - 6/4</td>
<td>May 7th</td>
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(This final payment must be cash or Cashier’s Check)

All fees will be due on the above dates. There will be a $15 late fee for any payments made after the due date. Payments more than 3 days late will result in your child being exited from the program. For scholarship information, please contact our office. Unfortunately our bank charges us for returned checks, and in return we will have to charge you $25 for any returned checks.

We know emergencies do come up that can make you late to pick up your child. We will allow for such emergencies, however, you will be charged a late fee of $15 for every 15 minutes. (ie. 6:01 - 6:15 will be $15, 6:16 - 6:30 will be $30). Continuous late pick ups may result in suspension from the program.

Please fill out the enclosed forms and return them to Community After School along with your first payment. Also, please send a note to your child’s teacher letting them know that they will be attending after care.

We’d like to thank you again, and look forward to working with each and every one of you. Please don’t hesitate to call with any questions or concerns.

The CAS Staff

02.19.14
CAS Policies

1. Where applicable CAS enforces the Code of Student Conduct for Broward County Public Schools.

2. Our 5 step discipline policy is as follows: (1) child is sent to director and/or put in time out (2) parent is spoken to and given a verbal warning regarding the child’s behavior (3) a written warning is given to the parent to sign (4) child will get a 3 day suspension (5) the child will be exited from program. Depending on the severity of the behavioral problem, one or more of the steps may be skipped.

3. I understand that payment for Before and After School Child Care Program will be made in advance of the child receiving the care. Failure to pay on time will result in a $15 late fee. Registration fees are non-refundable.

4. I understand that it is necessary to pick up my child(ren) on time. Failure to do so may result in dismissal from the program. A late fee of $15.00 per 15 minutes, or part of, will be charged per family. (Fees start accumulating at 6:01, ie. 6:01 = $15, 6:16 = $30)

5. I hereby give consent to the nearest hospital to administer necessary treatment to my children in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

6. I hereby authorize CAS to photograph/publish any photographs in which my child appears. I further agree that CAS can use these photographs in school brochures, newsletters, advertising, posters, displays, slideshows, videotapes, catalogs, websites and like productions or literature without limitations or reservations.

Community After School Parent Handbook

Thank you for entrusting your children to our care. We look forward to working with you and your children for many years to come!!!

Please read this short pamphlet, it contains some important information regarding some of our policies and procedures.

After Care Phone numbers:
Coral Park: 954 575-5070
Pinewood: 754 322-7993
Liberty: 754 322-6794
Atlantic West: 754 322-5343
We provide snack to all children on a daily basis. If your child has any food allergies or special needs, please make sure you put that information on their registration forms. Please update as necessary.

If you move or change any of your phone numbers, please update your registration forms.

If your child is sick, he/she will be placed in an area that is isolated from other children. We will call you and ask to pick them up as soon as possible. If they need any kind of medication, we must have a #5 medication authorization form on file.

If your child will not attend after care, please call us at 954-557-4746 and let us know before 2:00.

In case of serious injury, parents will be notified immediately. There will also be an accident report for you to sign.

All children will have ample time to complete their homework. Assistance is available if needed.

Once school is dismissed, the children are not permitted to go back to their classrooms for any reason.

When making a payment, please write your child’s name on the memo line. A $25 fee will be assessed for any returned check.

When picking up your child, please come to the front desk and he/she will be called by radio to come to the cafeteria. Any person picking up a child is required to be on the registration forms allowing for pick-up. In case of an emergency, and someone not on the list will be picking up, please call us ahead of time, and have them bring a photo ID with them. When picking up your child, please do not go beyond our desk. All children must be signed out every day. NO EXCEPTIONS!!

Please do not allow your child to bring any games or toys that would not be permitted during the school day. This includes cell phones and other electronic items.

If any further information is needed, please contact:
Yvette 954-461-6998
Jodi 954-557-4746
Michael 954-729-3222

Emergency Procedures - Lockdowns and Evacuation
In the event of an emergency CAS follows school board procedures for lockdowns and evacuations. In the case of a lockdown, nobody will be permitted entrance to the school. The children will remain safe in our care until we are given notification that the lockdown has been cleared. In the case of an evacuation, we will let all parents know the emergency evacuation site. CAS does do emergency fire drills, tornado drills and lockdown drills.
School Name:____________                       CAS Registration 2014 – 2015 Password_______________

After School and Summer Camp Program

Child’s Name: (Last)____________ (First)____________ Grade in August: _____

Address: _____________________________________ City: __________________ Zip: _______________

Date/Of/Birth:___________________

Child lives with:    ☐ Both Parents    ☐ Mother    ☐ Father    ☐ Other

                        Name     Home Phone     Cell Phone     Work Phone

Mother:_________________________     ___________________     ___________________     ___________________  

Father:_________________________     ___________________     ___________________     ___________________  

Guardian:_________________________     ___________________     ___________________     ___________________  

Parent’s E-mail Address: ________________________________________________________________

Family Doctor:_________________________ Phone:_________________________

Does your child have any medical concerns?    ☐ Yes    ☐ No    If, Yes, __________________________

Does your child have any allergies?    ☐ Yes    ☐ No    If, Yes, __________________________

Does your child take any medications?    ☐ Yes    ☐ No    If, Yes, __________________________

Will it be dispensed during after care?    ☐ Yes    ☐ No    If, Yes where is it kept? __________________________

Does your child have any special concerns we need to be aware of?    ☐ Yes    ☐ No    If, Yes, __________________________

Does your child have any special needs we need to be aware of?    ☐ Yes    ☐ No    If, Yes, __________________________

Does your child receive any special services during the school day?    ☐ Yes    ☐ No    If, Yes, __________________________

Emergency contacts/people authorized to pick up my child in case of emergency, illness, after hours, etc...

Name          Relationship          Phone          Cell

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
<th>Cell</th>
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2. Our 5 step discipline policy is as follows: (1) child is sent to director and/or put in time out (2) parent is spoken to and given a verbal warning regarding the child’s behavior (3) a written warning is given to the parent to sign (4) child will get a 3 day suspension (5) the child will be exited from program. Depending on the severity of the behavioral problem, one or more of the steps may be skipped.

3. I understand that payment for Summer Camp/After School Child Care Program will be made in advance of the child receiving the care. Failure to pay in advance will result in a child’s nonparticipation in the program and an immediate dismissal. A REGISTRATION fee will need to be paid for re-entry.

4. Returned checks will be assessed a $25 fee, it must be replaced with cash on the following day. All future payments must be cash/money order.

5. I understand that it is necessary to pick up my child(ren) on time. Failure to do so may result in dismissal from the program. A late fee of $15.00 per 15 minutes, or part of, will be charged per child. (Fees start accumulating at 6:01, i.e. 6:01 = $15, 6:16 = $30). Excessive lateness may result in child being exited from the program.

6. I hereby give consent to the nearest hospital to administer necessary treatment to my children in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

7. I hereby authorize CAS to photograph/publish any photographs in which my child appears. I further agree that CAS can use these photographs in school brochures, newsletters, advertising, posters, displays, slideshows, videotapes, catalogs, websites and like productions or literature without limitations or reservations.

8. I hereby give permission for my child to participate in all activities at Community After School. CAS will not be responsible for any minor injuries such as cuts, scrapes, or any other day to day bumps and bruises.

9. I have received, read and agree to all information contained in the Parent Handbook.

Signature_________________________________ Print Name__________ Date 2.24.14
Dear Parent or Guardian,

Your child will be participating in cooking and food activities in our afterschool program. In some of the activities, children are encouraged to try foods that may be new and different to your child. Therefore, it is important to know if your child has any known food allergies or intolerances that will prevent her/him from participating in these activities. Students will be encouraged to try new foods, but will not be required to do so. Please complete the bottom portion of this letter and return it to the afterschool program.

Thank you for your support!

-----------------------------------------------

Child’s Name: ______________________________

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction. He or she may participate in cooking and food activities.

_____ My child DOES have a food allergy or dietary restriction. He or she MAY NOT participate in cooking and food activities.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate in cooking and food activities but may not eat the following items (Please list on the bottom):

Food Allergy List:

__________________________  ____________________________  ____________________________  ____________________________  ____________________________  ____________________________

__________________________  ____________________________  ____________________________  ____________________________  ____________________________  ____________________________

__________________________  ____________________________  ____________________________  ____________________________  ____________________________  ____________________________

__________________________  ____________________________  ____________________________  ____________________________  ____________________________  ____________________________

__________________________________

Parent/Guardian Signature .............................................. Date

-----------------------------------------------
During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents:

Name: ________________________________
Child’s Name: ________________________
Date Received: _______________________  
Signature: ____________________________

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

What should I do if my child gets sick?
Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:
• Has a high fever or fever that lasts a long time
• Has trouble breathing or breathes fast
• Has skin that looks blue
• Is not drinking enough
• Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
• Gets better but then worse again
• Has other conditions (like heart or lung disease, diabetes) that get worse

What can I do to prevent the spread of germs?
The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:
• Wash hands often with soap and water.
• Cover mouth/nose during coughs and sneezes. If you don’t have a tissue, cough or sneeze into your upper sleeve, not your hands.
• Limit contact with people who show signs of illness.
• Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

When should my child stay home from child care?
A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don’t fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

How can I protect my child from the flu?
A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

For additional helpful information about the dangers of the flu and how to protect your child, visit: http://www.cdc.gov/flu/ or http://www.immunizeflorida.org/
SWIM Central Water Safety Education Questionnaire

Community After School

Child’s Name: ____________________________       Birthdate: __________
Child’s Name: ____________________________       Birthdate: __________
Child’s Name: ____________________________       Birthdate: __________
Parent’s Name and Address: ____________________________
_____________________________________________________________________
_____________________________________________________________________

1. Has your child ever taken swim lessons?   Yes _____ No _____
2. Can your child roll over and float on his/her back?  Yes _____ No _____
3. Can your child swim to the side of the pool?   Yes _____ No _____
4. Have you taken a Community Water Safety Course? Yes _____ No _____
5. Is anyone in your household certified in CPR?   Yes _____ No _____

Additional Comments: ____________________________________________________
_____________________________________________________________________
_____________________________________________________________________

I understand that I will be mailed drowning prevention material by swim central.