



After School Program 2019-2020

SABE is a dual language K-8 school. SABE seeks to provide an afterschool program to support our families in acquiring a focused option to traditional child care. We aim to provide a variety of classes, such as nutrition and fitness, drama and theatre, music and dance, computer literacy, arts and crafts, games, and science. To honor our dual language program, classes will be taught in Spanish when possible. The goal is to compliment the school learning curriculum by enhancing instruction in a creative way in providing a fun atmosphere of continued learning through various activities.

Program Overview:

A child care, club, recreation and academic based **after school program** at SABE will serve students in K-8th grade. The program will consist of a Program Coordinator and Recreation Leaders, as needed. Along with the coordinator, other staff and volunteers may conduct and lead various activities. There is a need to provide recreational and academic opportunities on site at the school by utilizing the resources that are available at the school presently. This proposed After School Program will serve multiple purposes. By providing our own afterschool program, SABE can structure the program specifically to fit the needs of the students at the school. The goal is to:

- Provide a fun and safe place for students during after school hours
- Provide positive interaction with caring adult role models
- Encourage and develop life skills, respect for others, and positive social interaction
- Provide an academic focus with time to complete homework and read, while providing tutoring to specifically identified children.

A child care **before school program** will be offered during our 2018-2019 school year. Parents must pay the registration fees as noted below.

Club Activities

Activities could include a variety of recreation, club, and academic options such as:

- Outdoor Play
- Environmental Education
- Fitness and Exercise
- Dance
- Arts and Crafts
- Theater and Drama
- Technology
- Coding & Robotics
- Spanish Tutoring
- Cultural Activities
- Music
- Special Guests

Some Club Activities may require an added fee for materials or payment of instructors. More information will be provided as the clubs are finalized.

Volunteers and personal donations will always be welcomed and appreciated.

Activity Schedule

After School Program

A general schedule will be posted in a general area and special events or upcoming activities will be posted on Monday of the week they will take place. A notice in the SABE newsletter will provide program updates.

General Program Schedule to be determined by program lead teachers but may follow:
(Monday/Tuesday/Wednesday/Thursday/Friday)

- 2:45 – 3:30 p.m. Sign in/Leisure activities/Outdoor play
- *3:00-4:00 p.m. Club Activities
- 3:30 - 4:00 p.m. Homework**
- 4:00 - 5:00 p.m. Snack/After School Care
- 5:00 – 6:00 p.m. Leisure activities/Outdoor play

Before School Care Program

7:00-7:45 a.m. Sign In & Leisure Activities

****Homework**

Students will be provided the time, the place, and the assistance to ensure they complete their homework completely and correctly during the after school program.

Emergency & First Aid

Parents will be required to keep “Emergency Information” and “Medical Release for Treatment” forms current. These documents will be kept on site for staff to refer to in the event medical attention is required. If medical attention is needed, staff will make every effort to contact parents. All program staff will be First Aid and CPR certified.

Fire & Emergency Evacuation

Program staff will follow the evacuation guidelines as outlined by SABE.

Phone Use

Phones will be available for student use on a restricted basis. Parents may contact the program coordinator at the school site.

Food

A small daily snack will be provided during the after school program. Families are encouraged to send additional snacks if necessary.

Hours of Operation

The After School Program will follow the School Calendar schedule, with operating hours Monday, Tuesday, Wednesday, Thursday, and Friday, 2:45 to 6:00 p.m. The program will be closed on holidays, school breaks and vacations and all non-contract school days. Should the program need to cancel, parents will be provided prior notice.

Facility

Program activities will take place on site at the school. Activity areas may include the cafeteria, classrooms as available, computer lab, and outdoor activities will take place on school areas.

Before school care will be held at the front office. Parents must sign them in and they will be escorted to their teachers at the beginning of the school day.

Transportation

Parent pick-up must take place no later than 6:00 p.m. There will be no staff supervision after that time. Staff members are **strictly prohibited** from transporting participants in private vehicles. *Parents will be charged an additional \$5.00 for every 5 minutes after 6:00 p.m.*

Enrollment & Attendance Requirements

Because of the drop-in nature of the program, students that will attend at least 3 or more days per week are “required” to pay the full weekly rate. Daily sign in of students and sign out by parents or person picking up student is required. Person(s) other than parents picking up student must be listed on registration form. Program participants are expected to adhere to the rules in force during the school day; this includes any rules regarding attire and dress codes, language, respect for authority, and being in the appropriate area of the school facility. Failure to comply with these rules can result in suspension or dismissal from the after school program.

Staffing

A Program Coordinator, and one to four Recreation Leaders will be at SABE depending on number of students on site.

The Coordinator will interact daily with school administrators, custodial staff, and student participants. The Coordinator will be happy to meet with parents to discuss issues or accept suggestions. The Coordinator will keep records and receipts, take payments, record payments, keep a database, plan major activities, organize events, and other activities as assigned by principal. The Coordinator will also plan and lead various activities.

The Recreation Leader(s)’ will report to the Coordinator and their role is to take direction from them on primary daily activities and maintain a cooperative program atmosphere.

Fees

Registration (one-time fee per year, for either or both programs):

\$25 / \$15 per additional sibling

After School Program

3 or more days per week: \$50 / \$35 per additional sibling

One day drop in: \$15 / \$10 additional sibling

Before School Program

3 or more days per week: \$15 / \$15 per additional sibling

One day drop in: \$5 per student

**REGISTRATION
SABE ~ AFTER SCHOOL PROGRAM**

Hours of operation: Monday-Friday 2:45-6:00PM

STUDENT NAME _____ GRADE _____

Siblings in After School Program: _____

PARENT ONE: (Please Print)

Name: _____

Address: _____

Phone Number/email: _____

PARENT TWO: (Please Print)

Name: _____

Address: _____

Phone Number/email: _____

PERSON(S) RESPONSIBLE FOR PICK-UP (Name & phone number):

AFTER SCHOOL PROGRAM

Please "X" and circle rate:

_____ 3 or more days per week \$50 / Sibling \$35

_____ One day drop in \$15 / Sibling \$10

BEFORE SCHOOL PROGRAM

Please "X" and circle rate:

_____ 3 or more days per week \$15 per student

_____ One day drop in \$5 per student

Registration (one-time fee per year):

\$25 / \$15 per additional sibling

AFTER SCHOOL PROGRAM:

3 or more days per week:

\$50 / \$35 per additional sibling

One day drop in:

\$15 / \$10 additional sibling

BEFORE SCHOOL PROGRAM

3 or more days per week:

\$15 per student

One day drop in:

\$5 per student

**Payment due at the beginning of each week by Check or Money Order.
Make Checks payable to SABE.**

Checks are preferred method of payment.

Parent(s) Signature

Date

EMERGENCY INFORMATION FORM/MEDICAL RELEASE

PERSONAL INFORMATION:

Name: _____
Phone No. _____
Address: _____
City/State/Zip: _____
Date of Birth: _____ Male/Female: _____

EMERGENCY CONTACT(S):

Name: _____
Phone No. _____
Address: _____
City/State/Zip: _____
Relation: _____

Name: _____
Phone No. _____
Address: _____
City/State/Zip: _____
Relation: _____

HEALTH INSURANCE:

Name: _____

PHYSICIAN:

Name: _____
Phone No. _____
Address: _____
City/State/Zip: _____

ALLERGIES:

OTHER NEED TO KNOW INFORMATION:

In the event of an injury, accident, illness or other emergency, and if the above stated physician cannot be reached, I authorize my child to be treated by certified emergency personnel such as emergency medical technicians, emergency room physicians and other emergency room personnel such as nurses and laboratory technicians. I agree to accept financial responsibility for the costs related to this medical treatment.

Name Phone Date Signed

Name of Authorized Parent or Guardian Phone Date Signed

