

RAFTEDU CHINESE SCHOOL

179 Graham Rd, Suite F

Ithaca, NY, 14850

(607) 216-5094

After School Program Parent Handbook and Registration Forms



Questions???

Call us: (607) 216-5094

Email: info@raftedu.org

READ THOROUGHLY, SOME PAGES MAY BE FRONT AND BACK

PLEASE KEEP THIS PACKET FOR FUTURE REFERENCE

INFORMATION

HOURS OF OPERATION: SCHOOL DAYS ONLY

Afternoon Program...Bus Drop-Off until 5:30pm

ENROLLMENT FORMS: All enrollment forms must be filled out completely and returned to our office before your child may begin the program. These forms include a registration/emergency form and health information. New forms must be filled out each year by order of the NYS Office of Children & Family Services. You are responsible to notify the program immediately of any changes on this form.

SIGN IN/SIGN OUT: All children must be signed out by a parent/guardian or authorized person each day. Parents must come into the building to drop off or pick up their child. Use the Front doors for drop off/pick up. Please make sure staff is aware of your child's arrival and departure. No child can be released from the program to any other person other than his or her parent or a person currently designated in writing by such parent who is pre-authorized for pick up on the registration form. We must be notified in writing if another adult will be picking them up who is not listed. For safety purposes, photo identification will be required for all persons picking up children. A child will be released to a parent unless prohibited by Court Order. A certified copy must be provided and will be kept on file in the After School Program office. We reserve the right to not allow any child to leave the building with anyone we believe to be under the influence of a substance, which would impair his or her ability to safely transport or care for a child.

LATE PICK UP: Children must be picked up promptly by 5:30pm. A late fee of \$2 per minute per child will apply.

If there is an emergency, please contact us or have another authorized person pick up your child. In the event we cannot reach you or an authorized person by 5:30pm, Child Protective Services and the Town of Lasing Police Department will be notified. **This policy is strictly enforced.**

ABSENTEE/ILLNESS: If your child is going to be absent, please call our office at **216-5094** as soon as possible. It is your responsibility to notify us if your child is going to be absent.

Your child's health is important to all of us. In order to keep our program a healthy place for children and staff, we must help prevent the spread of contagious illness. Please consider how you would feel if your child was exposed to other children who are ill when considering whether you should keep your ill child home or make alternate arrangements. When in doubt, please call us. Children cannot attend the program if they are ill or injured. They should be able to fully participate in the program. If your child becomes sick while at the program, you will be asked to pick him/her up immediately in order to prevent the spread of illness. Children should be free of an elevated temperature (100 or higher) at least 24 hours before returning to the program regardless of the reason. Following an illness, children should not return until they can resume normal activities. We may require a doctor's note before allowing a child to return to the program. This policy is not all-inclusive, and we reserve the right to send a child home for any health-related concerns.

INCLEMENT WEATHER/SCHOOL CLOSINGS: When the Ithaca City School District is closed for the day, our after school program is also closed. If a school cancels afterschool activities, our after school program will run as scheduled. If school closes early for any reason, our program will be cancelled. **Your child will go where you have designated on your school emergency form.** It is very important that your child knows where they should go in case of an emergency closing.

NO CREDITS OR REFUNDS WILL BE GIVEN.

FIRE DRILLS AND EMERGENCY EVACUATIONS/CLOSINGS: The NYS Office of Children & Family Services (OCFS) mandates that fire drills be conducted regardless of weather conditions. In the case of a true emergency evacuation, your child will be taken to the **Ogden Highway Building**. You may check with the program director for specific information regarding closings and evacuations.

PERSONAL ITEMS: Our staff will not be responsible for personal items brought to the program. Please label your child's items in case they are left behind. We reserve the rights to prohibit certain toys, electronics, etc., we feel are causing a disruption to the program. If you are concerned about your child's clothing, please send a smock for craft time. We cannot assume responsibility for damaged clothing.

MEDICATION: Limited to medication consent forms consistent with ADA such as Epi-Pen and rescue asthma medications (see program director). No child is allowed by State Law to carry medication on him/herself (i.e., Inhaler).

PARENT BOARD: The Parent Bulletin Board is located in the hallway across from the sign-in/out desk. All pertinent program information will be posted here, including the current After School Program Parent Handbook and Registration Forms,

DISCIPLINE/BEHAVIOR POLICY: Conduct policies have been developed to deal with situations in which a child's behavior poses a threat to their emotional/physical well-being or other children and/or adults in the program. If the behavior is deemed a problem, the following initial steps will be taken:

1. **THINK TIME...**gives the child time to sit out from the group or activity for a short time to think about the problem at hand. With this method, we hope to help the child gain self-control through learning appropriate behavior.
2. **RE-DIRECTION...**is when the child creating a problem is asked to leave the activity for the remainder of that activity time. This takes the child away from the source of the problem.

If a problem persists or an incident is deemed serious, documentation will be taken and parents will be notified. If no significant changes in behavior occur, parents may be given one week's notice to find alternate care for the child, if possible, and at the discretion of the program director. If progress has been made, the situation will be assessed on a week-to-week basis. Reoccurrence of the problem may result in one week's notice for parents to find alternate care. Refunds will not be given.

Please make certain that both you and your child are completely familiar with these conduct policies. The program director, upon notification of parent or guardian, may suspend or terminate all activities and participation in the program for the following misconduct:

1. Consistent arguing with staff and intentionally not following directions.
2. Stealing or defacing another child's, staff members, or Community Center's property.
3. Refusing to remain with group in designated areas.
4. Refusing to follow check-in and check-out procedures.
5. Making verbal or physical threats or action against another person, including abusive/vulgar language, sexual, obscene gestures, assault, and/or fighting.
6. Weapons...possession of firearms, knives, matches, lighter, fireworks, or misuse of any object, which could cause injury to any person or that could be potentially dangerous to others.
7. Bringing to or using illegal substances at the program.

CHILD ABUSE & MALTREATMENT: All childcare agencies are required by law to report suspected child abuse or maltreatment if they have reasonable cause to suspect it. Our staff is trained in recognizing abuse and maltreatment. Maltreatment can be failing to provide proper medical care, excessive punishment, misuse of alcohol, drugs, etc. As mandated reporters, child care employees are required by NYS Social Services Law 413 to report cases of suspected child abuse or maltreatment. To report child abuse or maltreatment, parents can call the public hotline # at 1-800-342-3720.

TRANSPORTATION: The After School Program's responsibility begins when your child has reached the After School Program site either via school bus or has been signed into the program. Our responsibility ends when your child boards the bus or is signed out by an authorized individual. Upon your child's enrollment into our After School Program, **it is your responsibility to contact the Ithaca City school district transportation office ((607) 274-2128) to arrange bus service for your child.**

AFTERNOON SNACKS: We will provide snacks to your child when they arrive to our program in the afternoon. There is no extra cost; it is included with your monthly fee. We strive to provide healthy food and beverages in an effort to prevent childhood obesity. Offerings will vary from day to day.

REGISTRATION INFORMATION

- **HOW TO REGISTER:** ALL forms must be completed and returned to the RCS Office with the registration fee before the process can be completed and a spot can be secured for your child/children in our program. Our program is limited and on a first-paid, first-served basis. Please return the following to the RCS Office:
 - Registration fee
 - Registration Form
 - Health Information/Emergency Medical Information/Waiver

- **FEES:**
 - Registration Fee: This fee, \$50, is due with your enrollment forms. Only when this fee is paid is a spot in the program secured.
 - Textbooks Fee: This fee, \$130/year for After School Program, is due with your enrollment forms.
 - Monthly Fee or Annual Fee: An additional child must be from the same family. The September monthly Fee of a new school year is due on July 1st this year.
 - Late Fee: Please see payment schedule as to when payments are due. Payments received after this time must include a late fee of \$25.00 per family. If you are late on additional dates, this will result in additional late fees (see payment schedule).
 - All fees are non-refundable.

After School Program MONTHLY FEE (2:00-5:30)

5 days a week	\$600 1 st child	\$540 2 nd child	\$300 3 rd child
4 days a week	\$500 1 st child	\$450 2 nd child	\$250 3 rd child
3 days a week	\$400 1 st child	\$360 2 nd child	\$200 3 rd child
2 days a week	\$300 1 st child	\$270 2 nd child	\$150 3 rd child

After School Program Annual FEE (2:00-5:30)

5 days a week	\$5700 1 st child	\$5130 2 nd child	\$2850 3 rd child
4 days a week	\$4750 1 st child	\$4275 2 nd child	\$2375 3 rd child
3 days a week	\$3800 1 st child	\$3420 2 nd child	\$1900 3 rd child
2 days a week	\$2850 1 st child	\$2565 2 nd child	\$1425 3 rd child

Montessori After School Program Monthly Fee (3:15-5:30)

5 days a week	\$460 1 st child	\$410 2 nd child	\$230 3 rd child
4 days a week	\$400 1 st child	\$360 2 nd child	\$200 3 rd child
3 days a week	\$340 1 st child	\$320 2 nd child	\$180 3 rd child

Chinese lesson Monthly Fee (4:00-5:00) (Drop off and pick up by parents)

4 days a week	\$360 1 st child	\$290 2 nd child	\$180 3 rd child
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Please call (607) 216-5094 for questions regarding registration information.

PAYMENT POLICY

Please make checks payable to: Raftedu Youth Study Con. LLC

Mail Payments to: Raftedu Chinese School
179 Graham Rd, Suit F
Ithaca, NY 14850

1. Payment for each month must be received by the first day of this month regardless of: holidays, school closings, RCS closing, postage date, family vacations, or illness.
2. Late fees will be assessed for payments received after the due date.
3. Payments can be mailed, given to the Raftedu Chinese School staffs, or dropped in the RCS mail slot in the office door during regular business hours at the Raftedu Chinese School, 179 Graham Rd, Suit F, Ithaca. Our department is close most evenings and weekends, and the mail slot is accessible during this time for your convenience.
4. If using your bank's automatic bill pay, please make sure your child's name is included and the check is delivered to the office/address above.
5. There will be an additional charge of \$25 for any check returned by the bank for any reason. This payment must be made in cash.
6. Sorry--we cannot accept post-dated checks.
7. We cannot accept partial payments. Full payments must be made. Example: if a payment is coming from two different sources, payment(s) must come into the office at the same time. All partial payments will be mailed back to you.
8. Receipts will be emailed upon payment. **Please keep your receipts.** Any receipt needed after payment can be emailed at no charge or printed at a cost of \$.25 per sheet. Records needed after the completion of the program may require 4-6 weeks to gather and may be subject to additional fees. Our Federal Tax ID number is 81-3493727.



Raftedu Chinese School

After School Program

2018-19 Registration Form



ALL AREAS MUST BE FILLED OUT COMPLETELY

PLEASE WRITE "N/A" IF NOT APPLICABLE

Child/Children Information (Same Family)

1. NAME:	Gender: M F	Date of Birth:
(School & Grade Attending in September 2018) School: _____ Grade: _____		
Monday Tuesday Wednesday Thursday Friday		
2. NAME:	Gender: M F	Date of Birth:
(School & Grade Attending in September 2018) School: _____ Grade: _____		
Monday Tuesday Wednesday Thursday Friday		
3. NAME:	Gender: M F	Date of Birth:
(School & Grade Attending in September 2018) School: _____ Grade: _____		
Monday Tuesday Wednesday Thursday Friday		

Email Address-Use Parent/Guardian if applicable

Emails are used for receipts:

Parent/Legal Guardian Information

Mother's Name:	Father's Name:
Address:	Address:
H Phone: Cell:	H Phone: Cell:
W Phone:	W Phone:
Place of Employment:	Place of Employment:
Authorized to Pick Up Child: Yes No	Authorized to Pick Up Child: Yes No

Provide us with anyone you may give permission to pick up your child at any time or notify if parents cannot be reached. **Must have at least one individual listed.**

List in order to be called.

Name	Address	Relationship	Phone #
1.			
2.			
3.			
4.			

HEALTH INFORMATION

PLEASE PROVIDE US WITH ANY MEDICAL INFORMATION PERTAINING TO YOUR CHILD WHICH WE SHOULD BE AWARE OF (food restrictions, activity restrictions, allergic reactions & special medications, special needs, disabilities, etc.) *see medication section

EMERGENCY/MEDICAL INFORMATION

I, _____, parent/guardian of _____
(Date of birth) _____ do hereby give my permission and/or consent to the Raftedu Chinese School (As RCS) After School Program to secure and authorize such emergency medical care and/or treatment as my child (above named) might require while under the supervision of RCS After School Program staff. I also authorize RCS After School Program staff to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay the entire costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

I understand every effort will be made to notify parents IMMEDIATELY in case of emergency.

Physician Name:	Phone #
Physician Street:	City: Zip:
Preferred Hospital:	Phone #

WAIVER/ AFTER SCHOOL AGREEMENT

Waiver/Policy must be read and signed before registration is accepted. I assume all risks and hazards incidental to the conduct of the above-mentioned program(s) and do hereby further release and hold harmless the Raftedu Chinese School staff. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for myself when normal permission is unavailable. I certify that my child or I are in good physical health and have no limitations other than those I have listed, which may predispose my child or I to risk during this program. I also fully realize that I must provide proper hospitalization. The Raftedu Chinese School does not provide insurance coverage. **I have read and understood the Refund Policy. Photo Release:** I understand that photos may be taken of participants during the activity. These photos will become the property of the Raftedu Chinese School and may be used to promote the program and department. **After School Agreement:** I have received a copy of the Raftedu Chinese School After School Program Parent Handbook stating the policies of the program and I agree to abide by such terms. The information on this form is accurate. I have provided all of the necessary information to properly care for my children.

Only person/s signing this form are authorized and responsible to make any change of information.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____