



Preschool/Childcare

1141 Dingle Rd, Mount Pleasant, SC 29466
(843) 216-9994 office/ (843) 881-4146 fax

Program Description

Ruby's Academy **After School Program** is open Monday-Friday from the 3:00 pm until 6:00 pm, and closed when school is not in session. This program is geared towards early elementary school students ages five to eight. Students will receive help with homework, eat a healthy snack, get exercise, and participate in fun activities!

1) Academic Support Program:

Students study subjects such as Reading, Math, Writing, Science, Social Studies, and Computers. We provide a quiet space to do homework with other students and get help from the instructor. There is typically no more than eight students grades kindergarten through third grade in a room with one instructor. Our goal is to complete homework with students; however, there may be times in which all homework is not completed and finished at home.

2) Recreational Program:

Students participate in physical activities including Structured Physical Activity.

3) Afterschool Snack:

An afterschool snack is provided each day when the students arrive at the facility. There is a posted menu of snacks in the reception area for the month.

4) Calendar:

Program Dates: Our program begins on August 17, 2009 through June 3, 2010.

Closed: A calendar of school closings will be provided with your enrollment application.

5) Cost:

The cost of this program is \$65.00 per week. There will also be a non-refundable deposit of \$50.00 at the time of enrollment. A \$2.00 fee will be assessed per minute after 6:00pm.

For more info, contact...

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Program Policies (1 of 2)

Enrollment:

- A completed Enrollment Information Form and a signed Parent or Guardian Release Form must be returned to the After School Coordinator to enroll.
- Enrollment is limited in some of our programs so there may be a waiting list.
- Students and parents will be contacted by the After School Coordinator to let you know if there is a spot for your child in the program.
- Elementary students are required to participate in the program five days a week. (not part-time)
- Any student withdrawing from the program is required to submit a two week notice.

Follow School-Day Rules Policies

- **Participants are expected to show and display respect and cooperation** with all program staff, instructors, volunteers, and students at all times.
- **Sign-In / Sign-Out and Announcements:** All students are required to sign-in and sign-out daily. Staff will sign-in students who arrive by school bus. Please inform us if your child does not attend school on an attendance day at the program. For safety reasons, students may not be picked up from the program by anyone that is not listed on the Enrollment Information Form.
- **Leave cell phones, CD players, video games, and other electronics at home:** Personal electronics are not permitted in the after school program.

Homework

- **Students are responsible for knowing what they have for homework and bringing all of their materials to the after school program.** If students finish their homework before the after school program, please bring it so that we can review it.
- **Parents should be aware that not all students finish homework during the after school program.** Please check in with your child to assure that they have completed homework every night.

Medication

- Medication will not be administered to a student by an after school staff member.
- If a student experiences a minor injury, Ruby's Academy staff will provide proper care and issue an incident report to parent.
- If medication is needed, it must be registered with the school with special instructions for administration.

Parents and Caregivers:

- Please keep us updated with your current mailing address and phone numbers at all times so that we may contact you as needed
- We encourage parents and guardians an opportunity to talk to the After School Program Staff. Please contact the After School program Director if there are any problems.

Consequences

- Ruby's Academy has a discipline policy that gives positive guidance, allows for redirection and sets clear behavior limits. The discipline policy has been designed to assist participants and staff in developing self-control, self-respect, respect for others, and consideration for the rights and property of others.
- Students that do not follow the above listed requirements and policies may receive time in the quiet chair, a phone call home, suspension from the after-school program, or they may be dropped from the program.

Participant Termination Policy

Participants will forfeit their space in the program for any of the following reasons:

- Regular and excessive absences or lateness
- Behavior that threatens physical or emotional safety of others
- The expressed written request of a parent or guardian

**Ruby's Academy After School Program
Enrollment Information**

Parents and guardians, please fill out the following information and return this form to the After School Program Coordinator. This form is required to participate in the after school program.

Student's Name _____ Grade _____
Gender: Female / Male Birth date: _____ Nickname _____
Parent/Guardian Name (s) _____
Home Address _____ City _____ Zip Code _____
Mailing Address _____ City _____ Zip Code _____
Daytime Phone _____ Evening Phone _____
Cell Phone _____
Does child resident with both parents? _____ If not, who has custody? _____

Transportation:

What school does your child attend? _____

If Jennie Moore Elementary, please list our school as your drop-off afterschool location.

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Please list any current medications, medical conditions, recent injuries, and food or drug allergies:

Dismissal/Sign Out

1) My child may be picked up by the following adults (list all names):

Parent or Guardian Release

Students, parents and legal guardians, please read carefully, sign, and return this form to the After School Program Coordinator. A parent or legal guardian signature on this form is required to participate in the after school program.

1. ____ I give my permission for my child to use the "Quiet Chair" when a little "Time Out" from the class is necessary.
2. ____ I understand that the use of Corporal Punishment, of any form, will not be used on my child. I as a parent or guardian agree not to use corporal punishment while on the facility grounds. Also all teachers and staff have signed a statement agreeing that the use of Corporal Punishment is strictly prohibited.
3. ____ I understand if someone other than a parent will pick up my child I need to fill out a Permission to Pick Up form. A picture ID is required for the release of your child.
4. ____ I understand that my child will not be left unsupervised.
5. ____ I authorize Ruby's Academy to obtain emergency medical treatment for my child as stated in the emergency policies of our childcare center.
6. ____ I have read the Policies and agree to the general policies.
7. ____ I understand that my child's records, emergency information, and any other information about my child or family are confidential and may not be copied, posted on a website or disclosed to unauthorized persons, without written consent from the child's parent/guardian.
8. ____ I give my permission for my child's photograph to be used in conjunction with any Ruby's Academy publicity or publications during the year.
9. ____ I understand that parents are to keep children home with the following: those with fever, diarrhea or vomiting within current 24-hour period.
10. ____ I understand that the Director is to be notified in writing Two Weeks In Advance before a child is withdrawn from Ruby's Academy and that I'm required to pay for those two weeks regardless of when the child leaves the school.
11. ____ I understand that students absent for more than 3 weeks must reapply and will be re-admitted as a new student, unless, prior arrangements were made with the Director.
12. ____ I have read the payment policies and agree to abide by them.

I have read and agree to the above statements.

Signature of Parent(s) _____ Date _____

EMERGENCY CONTACTS AND PICK – UP

To be completed by parent or guardian.

The following person(s) will be contacted in the event that Ruby's Academy cannot contact you.

Person(s) listed have my permission to pick up my child(ren).

Local residents only, please.

Name: _____

Phone: _____

Hm/wk/cell

Name: _____

Phone: _____

Hm/wk/cell

I, _____, authorize Ruby's Academy to follow the above procedure.

Parent(s) Signature

Date

EMERGENCY TREATMENT CONSENT FORM
To be completed by parent or guardian.

In the event of a medical emergency, I, _____, give

Name of parent/guardian

permission for Ruby's Academy Preschool to arrange for emergency treatment necessary to preserve the health of my child until such a time when I/we can be present.

Signature: _____ Date _____

I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. _____ (parent initial).

I acknowledge responsibility for all reasonable charges in connection with care and treatment given during this period. _____ (parent initial).

Name _____ Address _____

Phone # _____ / _____ / _____

Home

Work

Cell

Pediatrician _____ Phone # _____

Family Physician _____ Phone # _____

Preferred Hospital _____

Date of last tetanus booster _____

Insurance Carrier _____

Group # _____ Agreement # _____

CHILD ALLERGIES _____

Medicines child is taking _____

Signature _____ Date _____

EMERGENCY TRANSPORTATION CONSENT FORM

To be completed by parent or guardian.

I understand that no emergency treatment will be given without parental consent except in a life-threatening situation. Since informed consent must be given at the time of the incident, I understand that I must leave working telephone numbers where I, my spouse or another responsible adult can be reached at all times.

Ruby's Academy Preschool will arrange for emergency transportation to the nearest emergency medical facility, if necessary. My child will be transported by EMS. In this event a staff member will accompany the child to the hospital and will remain there until a parent arrives. _____ (Parent initial)

Ruby's Academy may contact my child's Physician: _____.

Phone # _____.

Parent/Guardian

Child's Name

Date

Child's Weight and Height