



Before School Care Handbook
2014-2015

Dear Parents,

Welcome to Reinberg Before School Care Program.

The following material is current for the 2014-2015 school year. We have tried to include all information considered important to your child's safety and fro the basic operation of the program.

We will work together to make this a happy and worthwhile experience for you and your child.

Sincerely,

Mr. Edwin H. Loch
Principal

(Cut along line and return bottom portion.)

After reading the handbook, please return this form to the Before School Care (BSC) Director.

I have read the BSC Handbook and have discussed pertinent sections with my child/children.

Child/Children name:

Child/Children name:

Child/Children name:

Parent/Guardian signature:

Date:

PROGRAM

The program provides quiet time for homework/reading, board games, a variety of toys, use of computer lab and iPads. BSC personnel cannot legally maintain, supervise the taking of, or administer medication. (This is in accordance with the CPS medication policy). All medication must be taken before school or during regular school hours.

Any questions concerning the program should be addressed to the main office.

ADMISSION

All children (Kindergarten through 8th grade) currently enrolled as students of Reinberg School may attend the BSC program. A student must be registered a minimum of 3 days per week to qualify to attend.

HOURS

Before school care will begin at 7:15 a.m. and end at 8:45 a.m. Students will then line up with their classmates outside.

LOCATION

The BSC program will take place mainly in the school lunchroom. Parents will drop off students at door #2.

COST

The charge for BSC is \$6.00 per child per day. Since this is a completely self-supporting program, payment must be made at the time of reservation. The reservations are made two weeks in advance on a calendar that is provided by the BSC Director. This calendar is used to determine the number of children attending per week, so that sufficient staff can be scheduled. Late return of payment and calendars may result in suspension of your child for the calendar period.

Payments can be made by cash, money order or checks. A \$35 fee will be charged for any returned personal checks. No cash refunds will be given.

When reporting absence to school, notify the office that the student also attends BSC. A credit will be given on the third day of consecutive absence. No credit will be given for any absence that is less than three days in duration.

ABSENCE

If a child is absent from school and cannot attend BSC on a scheduled day, please notify the school that the child attends BSC . See cost section for credit information concerning absence.

BEHAVIOR/CANCELLATION

The BSC program reserves the right to dismiss a child/children from the program. If a child's behavior creates conflict between himself/herself and the staff or between himself/herself and other children, it may be in the best interest of the child to discontinue participation in the BSC program.

One week's written notification of cancellation of services will be given for the following causes:

- Non-payment or consistent late payment of program fees.
- Failure of child to respect the safety and rights of the other individuals enrolled in the BSC program.

EMERGENCY CONTACT INFORMATION

In case of emergency, a phone is available to reach the BSC staff. This is to be used for **EMERGENCY PURPOSES ONLY**. Please do not call the staff unless it is of an emergency. The BSC phone number is 773-534-3487 between the hours of 7:15 a.m. and 8:45 a.m. Use main office number 773-534-3465 between 9:00 am – 4:00 pm.

**APPLICATION FOR BEFORE SCHOOL CARE PROGRAM
PETER A. REINBERG SCHOOL**

Family Name:

Address:

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Child/Children

Name: _____

Grade: _____ **Room #:** _____

Child/Children

Name: _____

Grade: _____ **Room #:** _____

Child/Children

Name: _____

Grade: _____ **Room #:** _____

Child/Children

Name: _____

Grade: _____ **Room #:** _____

**REINBERG BEFORE SCHOOL CARE
EMERGENCY INFORMATION**

**PERSONS TO CONTACT WHEN PARENTS CAN'T BE REACHED IN
EMERGENCIES:**

NAME: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Cell Phone: _____

NAME: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Cell Phone: _____

NAME: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Cell Phone: _____

