



## **NEW LIFE COMMUNITY CHURCH**

### **Before/Aftercare Program 2011-2012 School Year**

NEW LIFE COMMUNITY CHURCH YOUTH CENTER  
13604 Old Annapolis Road, Bowie, MD 20720  
Hours of Operation: 6:30 am – 6:00 pm  
[www.newlifebowie.com](http://www.newlifebowie.com)  
*Contact: Coach Kane Magruder 202-696-5733*



## ***Welcome to New Life Community Church Before /Aftercare Program!***

The purpose of this handbook is to outline the policies and procedures under which we operate. The goal of New Life Community Church Before/Aftercare Program is to provide a safe, enriching environment for students K5-8<sup>th</sup> Grade. This program is designed to enhance your child's social, cultural, educational, and physical development, as well as meet the needs of parent's by offering a safe, accessible, affordable, and Christ centered church based program. We want our parents to feel the peace that comes from knowing that their children are in the best care when they are not with them. Our desire is to create a family like atmosphere for our children.

Activities may vary according to the interest of children, staff, and the community. However, a wide range of activities are provided in each program. Children are given opportunities to participate in art, drama, music activities, play with games and manipulatives. Additionally, students can play sports, group games, computer activities, relax, finish homework assignments, read and socialize in an atmosphere that supports their developmental needs.

We are always open to suggestions and feel communication is an essential part of this ministry. Thank you for the opportunity to serve your family through this ministry!

# Daily Schedule

**3:00 - 3:15 pm**

HEALTHY SNACK ☺

**3:15 - 3:45 pm**

UNWIND WITH LIFE LESSON

**3:45 – 5:00 pm**

HOMEWORK/READING/QUIET GAMES

**5:00 – 6:00 pm**

FREE TIME / CHILL!

(video games, table games, movies, outdoor play, etc..)

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BEFORE/AFTER CARE CONTACT #'s  
Coach Kane Magruder 202-696-5733

## BEFORE/AFTERCARE ENROLLMENT REGISTRATION

### CHILD INFORMATION

Name of Child (Last, First, Middle Int.): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Child#2 (Last, First, Middle Int.): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Child#3 (Last, First, Middle Int.): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Child#4 (Last, First, Middle Int.): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status: Single Married Divorced Widowed

Primary Residence: Mother Father Both

Guardian: \_\_\_\_\_

List the family members your child lives with-include names and ages of siblings: \_\_\_\_\_

\_\_\_\_\_

**BEFORE/AFTERCARE ATTENDANCE**

Please circle the days in which your child will be attending the program.

BEFORE -- Mon Tues Wed Thurs Fri Arrival Time: \_\_\_\_\_ School Start Time: \_\_\_\_\_

AFTERCARE – Mon Tues Wed Thurs Fri School End Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

WILL YOUR CHILD NEED TO BE PICKED UP FROM SCHOOL? YES NO

If yes, what is the best time to pick them up? \_\_\_\_\_

**PRIMARY CONTACT & RELEASE FORMS**

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Driver's License Number / State: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Driver's License Number / State: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

## EMERGENCY CONTACT AND RELEASE PERSONS

Please notify the center if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification at the time of pick-up. All persons below must be 18 or older, unless he/she is the parent of the child.

Name #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Driver's License Number / State: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Driver's License Number / State: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

The persons designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I can not be reached. Parent/Guardian must complete any state-specific emergency release form required by individual state child care licensing regulations.

- The Before/Aftercare staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify school staff in advance in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information to verify your identity. Please notify emergency contacts that a government-issued photo ID must be presented to our staff.
- If you must pick up your child after closing time, you will be charged a late fee per every 15 minutes or portion of 15 minute period, per child, until the child is picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please contact the Director for additional information.

**Please initial each section listed below, then sign and date the last.**

**TUITION AND FEES**

\_\_\_\_\_ **REGISTRATION FEE:** I understand that an annual, non-refundable, registration fee of \$ 60 shall be paid in advance to enroll my child.

\_\_\_\_\_ **SECURITY DEPOSIT:** I understand that an annual, non-refundable, security deposit fee of \$ 85 shall be paid in advance to enroll my child.

\_\_\_\_\_ **TUITION & MODIFICATIONS:** \$ 85 per week is the current tuition rate for the program I have chosen. I understand that the rates are subject to change with reasonable notice as conditions require.

\_\_\_\_\_ **PAYMENT OF TUITION: All fees are due in advance and are collected on Monday on a weekly, biweekly, on a monthly basis.** You may choose which ever payment method is convenient for you. (i.e., a monthly payment would cover the entire month in advance and a biweekly payment would cover 2 full weeks in advance).

- If the program is closed on Monday, then all tuition payments must be paid on previous Friday before closing to avoid late fees.
- Please note that you will be charged according to the number of Friday's in that particular month. This is important especially for those months that have 5 Monday's and you are paying monthly instead of weekly.
- **For all days that SCHOOLS ARE CLOSED AND BEFORE/AFTERCARE IS OPEN, then there will be a \$15.00 per day per child fee added to the \$85.00 per week charge.** 1 day closed = \$100 for the week, 2 days closed = \$115.00, 3 days closed = \$130, 4 days closed = \$145.00, 5 days closed = \$160.00. If you chose to keep your child home during those days that school is closed and b&a care is open, then there will be no additional charge.

We accept cash, check, money orders, and you can also pay online at [www.newlifebowie.com](http://www.newlifebowie.com) a \$5.00 surcharge will be added with all online payments.

When you bring your child in on Monday, please place your child's payment in a sealed envelope. Write your name, child's name, the payment amount, and the date on the front of the envelope. All payments must be given directly to the Director or placed in the payment mailbox located in the Youth Center.

- Please do not place tuition payments under the door. New Life Community Church will not be responsible for misplaced or lost payments that have not been given directly to the Director or placed in the payment mailbox located in the Youth Center.
- A statement of your account will be issued to you on Friday's. This statement may be used as your receipt.

\_\_\_\_\_ **LATE OR UNPAID TUITION:** There will be an additional \$30.00 fee for any payment not received by the close of business on Friday and another \$10.00 for each additional day. When making a late payment please add the \$30.00 fee to your regular payment when paying on Monday and an additional \$10.00 for every day thereafter and follow the normal payment procedure. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The Before / Aftercare Program cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third party collection agency.

\_\_\_\_\_ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from \_\_\_\_\_ 6:30 \_\_\_\_\_ am to \_\_\_\_\_ 6:00 \_\_\_\_\_ pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of fifteen minute period, per child until the child is picked up. This fee must be paid in cash to the teacher when the child is picked up.

\_\_\_\_\_ **RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any-non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period.

## **DAILY PROCEDURE**

\_\_\_\_\_ **ILLNESS:** I understand that I will be notified should my child becomes ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

Please do not bring your child to the before / aftercare program when they have the following illnesses or symptoms.

- Severe or persistent coughing
- Constant runny nose with green or yellow mucus
- Fever (100 F and higher)
- Vomiting
- Yellowish skin or eyes
- Unusual spots or rashes that have been checked by a physician
- Infected patches
- Diarrhea
- Gray or white stool
- Unusual dark, tea-colored urine
- Sore throat or trouble swallowing
- lethargic, listlessness (child not feeling themselves)
- Lice, nits or untreated ringworm
- Communicable diseases (chicken pox, conjunctivitis (pinkeye), mumps, measles, influenza)
- Discharge from eyes or ear

\_\_\_\_\_ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, she/he will only be eligible for re-admission based upon space availability and all other enrollment criteria.

\_\_\_\_\_ **CHILD ABUSE:** We are required by law to report to the local Social Services Office any suspected physical, emotional, sexual or suspected abuse or neglect.

\_\_\_\_\_ **BEHAVIOR MANAGEMENT AND DISCIPLINE:** No physical punishment will be used. Discipline is enacted on an individual basis. In many cases the word "NO" dissolves the problem. If a child does not listen, talks back. Etc., the child will be placed in a time out to think about their actions. If your child in endangering other children (hitting, kicking, biting or scratching) they will be turned over to the Director and the parents will be notified. We will decide on the appropriate disciplinary action, which may include but is not limited to timeouts, restriction from activities, suspension or expulsion. Sometimes if both a parent and a provider are in the same are at the same time, a child may forget the rules, or test the boundaries. Please help show your child that you respect us, the rules of our center, and our property by reminding them that the rules still apply when you are around. We will also remind them of the rules and correct them if needed.

\_\_\_\_\_ **MEDICATIONS:** We are not permitted to dispense any medication without a written order from a parent. Forms are available if needed.

### **HOLIDAYS, ABSENCES AND CLOSINGS**

\_\_\_\_\_ **HOLIDAYS:** I understand that the before / after care is closed on the following days:

President's Day	New Years Eve closing @ noon
Good Friday	New Years Day
Easter Monday	Martin Luther King Day
Memorial Day	Labor Day
Independence Day	Veterans Day
Columbus Day	Thanksgiving Day
Christmas Day	Day after Thanksgiving
Day after Christmas	Christmas Eve closing @ noon

I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or following Monday. Please note that if the program is closed on Monday all tuition payments must be made the previous Friday before closing to avoid late fee.

\_\_\_\_\_ **ABSENCES/VACATIONS:** I agree to inform the before / afterschool program immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness

\_\_\_\_\_ **INCLEMENT WEATHER OR OTHER DISASTERS:** I understand that the school will following the PG County Public School closing schedule for inclement weather. If PG County Schools are open two (2) hours late, then the school will be open at 8:45 am. If PG County Schools are going to close early due to inclement weather, then I will be required to contact the school to see what time I will need to pick my child up by. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments. Should the school be closed on a tuition payment day, I understand that my tuition will be due on the following business day should the school be open.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided hereunder, is available from the Director.

These policies have been reviewed with me by the Before / Aftercare Program Director. I understand and will comply with the policies. The policies in this contract will supersede all other previous documents.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Prince George's County Public School 2011-2012 Calendar

<b>2011</b>		
August 22	Monday	First day of School for Students
August 30	Tuesday	Eid Al-Fitr**
<b>September 5</b>	<b>Monday</b>	<b>Holiday* – Labor Day</b>
<b>September 29</b>	<b>Thursday</b>	<b>Holiday* – Rosh Hashanah**</b>
September 30	Friday	Professional Development – <i>Schools closed for students</i>
October 8	Saturday	Yom Kippur**
October 21	Friday	MSEA Convention – <i>Schools closed for students &amp; teachers</i> <sup>1</sup>
October 26	Wednesday	Deepavali**
October 28	Friday	End of First Quarter (46 days)
October 31	Monday	Grading/Teacher Planning – <i>Schools closed for students</i>
November 6	Sunday	Eid Al-Adha**
November 11	Friday	Parent/Teacher Conferences – <i>Schools closed for students</i>
<b>November 23-25</b>	<b>Wednesday-Friday</b>	<b>Holidays* – Thanksgiving</b>
<b>December 22, 23, 26</b>	<b>Thursday, Friday, Monday</b>	<b>Holidays* – Christmas</b>
December 27-29	Tuesday-Thursday	Winter Break – <i>Schools closed for students &amp; teachers</i> <sup>1</sup>
<b>December 30</b>	<b>Friday</b>	<b>Holiday* – New Year's</b>
<b>2012</b>		
<b>January 2</b>	<b>Monday</b>	<b>Holiday* – New Year's</b>
<b>January 16</b>	<b>Monday</b>	<b>Holiday* – Martin L. King, Jr., Day</b>
January 20	Friday	End of Second Quarter (46 days)
January 23	Monday	Grading/Teacher Planning – <i>Schools closed for students</i>
February 13	Monday	Professional Development – <i>Schools closed for students</i>
<b>February 20</b>	<b>Monday</b>	<b>Holiday* – Presidents' Day</b>
March 29	Thursday	End of Third Quarter (46 days)
March 30	Friday	Grading/Teacher Planning – <i>Schools closed for students</i>
April 2-5	Monday-Thursday	Spring Break – <i>Schools closed for students &amp; teachers</i> <sup>1</sup>
<b>April 3</b>	<b>Tuesday</b>	<b>Primary Election Day - Schools and Offices Closed</b>
April 7	Saturday	Passover begins**
<b>April 6 &amp; 9</b>	<b>Friday &amp; Monday</b>	<b>Holidays* – Easter</b>
<b>May 28</b>	<b>Monday</b>	<b>Holiday* – Memorial Day</b>
June 8	Friday	Last Day for Students – End of Fourth Quarter (43 days)***

