

# Back TO SCHOOL

*Excellence in Education*



BIBLE BAPTIST CHRISTIAN SCHOOL

## Before & After Care

Our prayer and desire is to make the Before & After Care program at BBCS a blessing as well as a help to you, the parents. To accomplish this, we must all strive to make these early morning and late afternoon hours the best they can be. Any suggestions you can offer will be greatly appreciated. We thank you for entrusting your children to our care and count it a privilege to care for them!

**BEFORE & AFTER CARE IS NOT FOR STUDENTS WHO COME EARLY OR REMAIN AFTER SCHOOL TO PLAY OR SOCIALIZE WITH THEIR FRIENDS.**

**Policy:** The Before & After Care program at BBCS is a service provided for working parents.

**Hours:** Hours will be from 6:30-8:00 a.m. and 3:20-6:00 p.m. Monday through Friday on normal operating school days. *After-Care will not be provided on the ½ days of school indicated on your school calendar.*

**Rates:** The fee for Before & After Care is \$2.75 per hour for ANY PART of an hour per child. **We also have a Before-Care Flat Fee of \$800 for the year that can be added to your tuition if you plan to use it every day. Our After-Care Flat fee is \$1,200 for the year, which also can be added to your tuition.** Please be aware that if your child stays in Before or After Care for any part of an hour, you will be billed for that entire hour. Example: 6:30-7:00 a.m. = \$2.75, 7:00 –7:45 a.m. = \$2.75 Students who are not picked up by 6:00 pm will be billed a LATE FEE of \$5.00 {*per child*} for EVERY PART OF 15 MINUTES.

**Billing & Payment:** Your BBCS account will be billed monthly for the charges incurred during the previous weeks. You will receive a monthly statement and the end of each month. These fees are due to be paid on the 1st of each month and must be paid on or before the 10th in order to avoid a late fee.

### Behavior Rules:

1. No yelling/screaming inside the Before & After Care area.
2. No throwing or swinging of ANY objects inside the building.
3. No leaning back in chairs, standing on chairs or tables.
4. No disrespect or talking back to those in authority.
5. No name-calling or unkind words to or about other students.
6. No hitting, kicking, fighting or using improper language.
7. Each child will clean up his or her area after snack time.

***Violators of these rules will be sent immediately to Dr. Cronmeyer office.***

Remember that it is a privilege to use the Before & After Care program at BBCS. This service may be terminated for any student who fails to abide by the regulations or who does not obey those in authority.

[WWW.BIBLEBAPTISTCHRISTIANSCHOOL.COM](http://WWW.BIBLEBAPTISTCHRISTIANSCHOOL.COM)

2780 MOUNT CARMEL ROAD | HAMPTON, GA 30228 | 770.946.4700

## PROCEDURES

**Before-Care:** will be held in the Lunchroom. A student arriving before 6:30 a.m. will need to wait in their vehicles until the Before-Care worker opens the door at 6:30 a.m. Students arriving between 6:30 and 7:50 a.m. should be dropped off in the parking area at the lunchroom doors. Students arriving after 7:50 a.m. should also be dropped off at the lunchroom doors, but will not incur any fees.

**After-Care:** will begin at 3:30 p.m. Students who have not left the school premises **MUST** go to the After-Care area by these designated times. They will be admitted into After-Care and are under the supervision of those in authority until they are picked up. Students may not remain on school property, including around the buildings, on the grounds, or in the parking lots without supervision. Unattended students will be charged for After-Care if they are anywhere on school property. Students are not allowed to leave the After-Care area without permission. After-Care students who have tutoring classes will be escorted to and from the After-Care area by the tutor.

**There will be a quiet HOMEWORK TIME at the beginning of After-Care for all grades.  
Students are required to bring something to do if they have  
no homework or are unable to do their homework by themselves.**

There will also be a SNACK TIME at the beginning of After-Care when students may purchase something to eat from the snack cart or eat something that they have brought from home. From 3:20 until 4:00, you may pick up your child from the lunchroom unless you otherwise notified. After 4:00 students may go to the playground {if the weather permits} or remain in the lunchroom. Students **MUST** be signed out by a parent or \*another authorized adult. They will not be allowed to sign themselves out and neither will an older, school-aged sibling be allowed to do this.

**In Conclusion:** When students come to school in the mornings, they should know their plans about returning home. If an unforeseen circumstance arises, please call the school office at 770.946.4700 before 2:00 p.m. to allow enough time for a message to be delivered to your child. Notification of day-to-day changes in your pick-up arrangements may be made by sending a note to your child's teacher or by calling the school office. Any permanent changes should be made in writing and sent to the office for our records. If you find you are not going to be at the school by 6:00p.m. because of traffic, please call our after care worker.

***\*Another Authorized Adult:*** *On the Green Card you will find several spaces to write the names and phone numbers of those who you authorize to pick up your child. If an adult who is not on this list comes to pick up your child and no prior authorization in the form of a note or phone call to our office has been received from you your child will not be permitted to leave with this individual. This is for your peace of mind and the protection of your child.*

**BIBLE BAPTIST CHRISTIAN SCHOOL**  
*A Ministry of Bible Baptist Church*  
2780 Mount Carmel Road Hampton Georgia 30228  
Phone: 770.946.4708 Fax: 770.946.4715

**Before & After Care Permission Form**

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

FATHER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

MOTHER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

PERSON(S) AUTHORIZED TO PICK-UP STUDENT {other than parents}:

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

IN CASE OF AN EMERGENCY CALL {other than the numbers listed above}:

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

LIST APPROXIMATE DAYS/HOURS A WEEK YOU WILL BE USING THESE SERVICES:

DAYS: \_\_\_\_\_

HOURS: \_\_\_\_\_

ANY MEDICAL HISTORY WE MAY NEED TO KNOW TO BETTER CARE FOR YOUR CHILD  
{allergies, etc.} \_\_\_\_\_

CHILD'S BIRTHDAY: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

DATE OF LAST TETANUS INJECTION: \_\_\_\_\_

CHILD'S PHYSICIAN {name, address & phone number}: \_\_\_\_\_

I UNDERSTAND THAT ALL POSSIBLE MEASURES WILL BE TAKEN TO INSURE MAY CHILD'S SAFETY. IN CASE OF AN EMERGENCY, I GIVE PERMISSION TO THE ADULT IN CHARGE, TO ACT ON MY BEHALF IN OBTAINING MEDICAL AID. IF AN EMERGENCY SHOULD ARISE, YOUR CHILD WILL BE TAKEN DIRECTLY TO HENRY GENERAL MEDICAL CENTER IN STOCKBRIDGE.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE