

FUNTASTIC CLUB PROGRAM



PARENT
HANDBOOK
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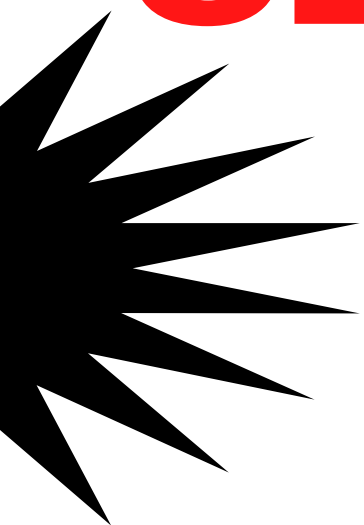
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WELCOME TO FUNTASTIC CLUB



We are please to be given the opportunity to offer after-school care for your children. Our goal is to provide your kids with a safe and fun learning environment.

We offer many hands-on activities and community service projects. Funtastic Club operates from 3:15PM to 5:30PM, Monday-Friday running the same days as the school year.

Full time attendance: \$80.00 for single child, \$105.00 for family.

We offer a 10 day punch card for \$70.00. A monthly calendar must be filled out.

Drop in care is also available if there is availability, Call Miss Hennings at the Britton-Hecla School 448-2234 to confirm availability.

Please take a moment to read through our handbook, which outlines our rules and expectations of the program.

Funtastic Club is in the Room 108 in the elementary building. Access to the room is on the east side doors in the middle cul-de-sac.

PM Check In

As soon as children are dismissed from class, they will pack their bags and walk to the Main School Hallway. They MUST then check in with Funtastic Club Staff.

- In the event that a child needs to remain in the classroom for academic or disciplinary reasons, or to attend after-school study hall, the child must notify the elementary office.
- Parents should notify the school by 2 PM if their child will not be attending. A signed note or a phone call to the school is adequate.

If the child does not report to Funtastic Club staff within 5 minutes of school release, the Funtastic Staff will:

- Check the child's classroom
- Check with School secretary to verify attendance
- Call authorized pick-up persons to verify absence, including parent's home and work phone numbers.
- Alert proper authorities to the possibility of missing child.



PM Check out

Check out time is by 5:30PM and parents must sign their child out and escort them from the building. Please do not take unnecessary risks if you are unavoidably delayed. HOWEVER, in the event that a parent picks up their child late, (without a phone call or a valid reason for being late) the following procedures will be followed:

1. Parent(s) will receive a verbal warning for first occurrence and a lateness report will be filled out and kept on file and a copy will be given to the parent(s).
2. After the second occurrence, a fee of \$5.00 will be charged immediately.
3. After the third occurrence, a fee of \$10.00 will be charged immediately.
4. After the fourth occurrence, suspension from the program will be issued to the family. The parents are no longer able to utilize the program due to several late pick ups.

Any changes in pick-up authorization of a child must be made by a parent. You may call or send a signed note to change an authorized person on your registration form. A child will only be released to an authorized person, as designated on the child's registration form.

Monthly Calendars and Tuition Payments

- All fees are charged monthly and are due by the first of the month. Payments can be made by cash, check or on campus parent portal (call for this option- preferred method.)
- A calendar for each month will be required by the first of the month to be charged the regular rate. Anyone who does not submit a calendar on the first of the month, will be charged the drop in rate for the entire month.
- Any days written on the calendar will be charged the regular rate if your child is not in attendance for that day.
- Anyone who chooses to attend on a day that was not indicated on his or her monthly calendar will be charged the drop-in rate.
- Fees are non-transfeable and cannot be split with any other person attending Funtastic Club.

MEET THE STAFF



ASHLEY HENNINGS

Director

Miss Hennings is the new Director of OST. She has experience working with children of all ages. While attending college at the University of Jamestown, Miss Hennings was an infant, toddler, and school-age teacher/float at a daycare center. After graduating from college, she spent the last fifteen years teaching middle school and high school English in Langdon, North Dakota. Miss Hennings moved to South Dakota last year and will also be teaching middle school and high school English at BHS this year.



CAROL BECK

Teacher

Mrs. Beck is the former Director of OST. She has worked with children for many years. After graduating Lake Area with a degree in Child Development, she operated her own childcare business for many years. Then she became a para at Britton Hecla School District. Mrs. Beck is now helping with OST and the Food Service Director at BHHS.

APPLICATION FOR ADMISSION

Child's Full Name:_____

Date of Birth:_____

Home Address:_____

Guardian Phone Number:_____

MOTHER/GUARDIAN INFO

Name:_____

Home Address:_____

Home Phone:_____

Work Phone:_____

Cell Phone:_____

Employer's Name:_____

FATHER/GUARDIAN INFO

Name:_____

Home Address:_____

Home Phone:_____

Work Phone:_____

Cell Phone:_____

Employer's Name:_____

People allowed to pick up
child/ren:_____

—

HOUSEHOLD INFORMATION

Parents Marital Status:

Married:_____

Never Married:_____

Seperated:_____

Divorced:_____

Who has legal custody of this
child?_____

Are there special visitation orders
I should be aware of ?

is there currently a protection or
restraining order in effect
concerning this child? YES:_____

NO:_____

EXPLAIN:_____

NOTE: A copy of the order must
be on file with the child care
provider

FAMILY INFO

Return



HOUSEHOLD MEMBERS

Name:

Relationship to child:

EMERGENCY CONTACT

(OTHER THAN PARENT)

Name:_____

Relationship:_____

Telephone
number:_____

CHILD INFORMATION

Physician Name:_____

Clinic:_____

Telephone:_____

Allergies:_____

List any current medications your child is
taking:_____

List any dietary needs_____

Previous illnesses:_____

Previous childcare:_____

Please list any additional information you would like
to share about your child (likes/dislikes, special
interests, fears, behaviors, special
needs.)_____

EMERGENCY MEDICAL CARE AUTHORIZATION

Return

I here by give permission for emergency medical treatment for _____ if requested by BHHS FUNTASTIC CLUB, who is our childcare provider.

Please note that my child is allergic to the following medications:_____

My child has the following special medical condition:_____

Parent Signature:_____

Date:_____

PARENT AGREEMENT

I/We attest that the information listed on theis application is as accurate and complete as possible.

Parent Signature:_____

Parent Signature:_____

Date:_____

Please attach a copy of your child's current immunization records. These need to be on file with Funtastic along with the school records.

FUNTASTIC CLUB OUT OF SCHOOL TIME PARENT CONTRACT

Return

PARENT CONTRACT

In consideration of my child's participation in the Funtastic club, I agree to the following:

1. I agree to read and follow the outlined policies of the Funtastic Club Handbook.
2. I agree that I will personally accompany my child(ren) when exiting the Britton Hecla School building. I will also personally sign my child(ren) out of the program each day, except when I have an alternative arrangement in writing.
3. I agree that I will pick up my child(ren) no later than 5:30PM each day. I understand that it is my responsibility to provide an alternative arrangement for my child(ren) if I am unavailable. I understand that disregard of the said policy could result in suspension or dismissal from the program.
4. I agree that it is the program's responsibility for the welfare and well-being of my child(ren) Such instances include; my child(ren) should be properly signed in each day and my child(ren) should be release into the custody of myself or a designated alternative pick up person, or my child's classroom teacher or substitute.
5. I understand and agree that the program will follow the schedule of the Britton-Hecla School District. When Britton-Hecla School is in session, the after-school program will be in session. The program will not operate on early dismissal, in-service days, or conference days. In the event of early dismissals due to weather, parents will be contacted regarding alternate plans.
6. I agree that the Britton-Hecla School District, the Britton-Hecla Board of Education, the Britton-Hecla School Staff, directors and volunteers shall be held free and blameless from any and all injuries occurring to my child(ren), except as such injuries that directly result from acts of negligence by any of the above stated parties.
7. In the event of an emergency, I give permission to the Funtastic Club staff to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to and during emergency medical treatment.

Parent/Guardian Signature:_____ Date:_____

Funtastic Club Director:_____

TUITION FORM

Return

Family Name:_____

Child(rens) Names	Date of Birth
1._____	_____
2._____	_____
3._____	_____
4._____	_____

Please mark the service Funtastic Club will provide for your child(ren).

Service

Full-time Attendance

- _____ \$80.00/month Single
- _____ \$105.00/month Family

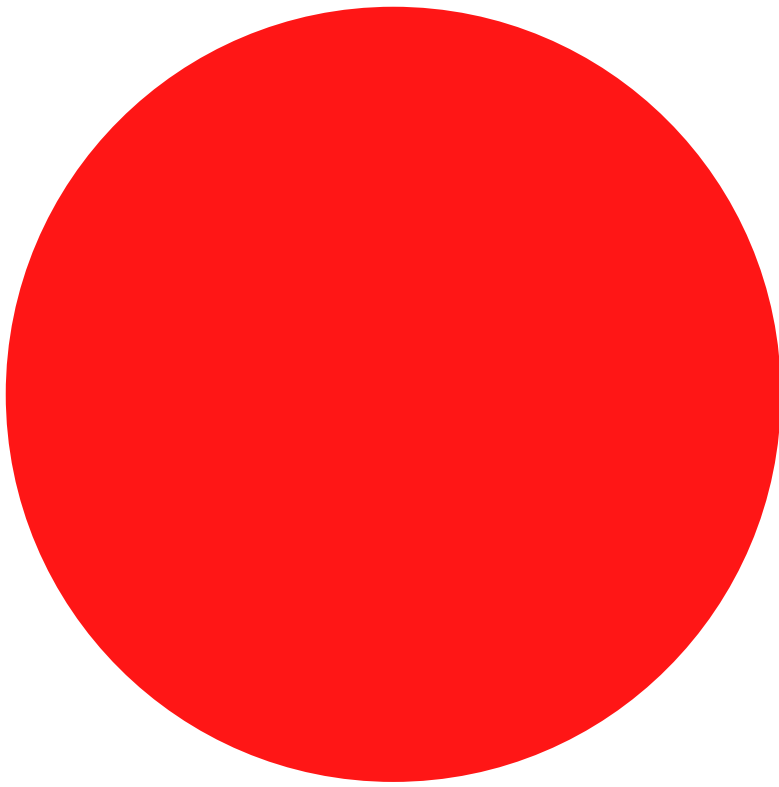
Family Punch Card

- _____ \$70.00/10 Punch (Calendar must be filled out)

Drop In

- _____ \$7.00/Day

To ensure safety of your child(ren), please send a written statement or phone call of any changes in your child(rens) attendance schedule.
Thank you



FUNTASTIC OST CLUB

**759 5th St.
Britton, SD 57430
605-448-2234**

**<https://www.britton.k12.sd.us/>
ashley.hennings@k12.sd.us**