

MMCI Before and After Care Program 2016-2017 School Year

PRE-REGISTRATION IS MANDATORY.

You may NOT use Before & After Care until ALL required forms have been submitted at least one day prior to use of the program.

If your child is not pre-registered s/he will be sent to the office after school to wait until picked up by an authorized adult.

REGISTRATION DOCUMENTS & FORMS

Documents and Forms included in this packet:

- Program Information and Policies (pages 2 & 3)
- Child Behavior Policy (pages 4 & 5)
- Billing Information (page 6)
- Emergency Form (page 7 & 8)
- Medication Administration Authorization Form (page 9 & 10)
- Payment Authorization Form (page 11)
- Attendance Schedule Form (page 12)

REGISTRATION PROCESS

To register your child in the program:

1. Read and review all documents and forms carefully.
2. Complete and/or sign:
 - Program Information & Policies
 - Child Behavior Policy
 - Emergency Form (one per child)
 - Medication Administration Authorization Form (one per child, if applicable)
 - Payment Authorization Form
 - Attendance Schedule Form
3. Return all forms via the following ways at least 1 day prior to first day of attendance.
 - Email to office@mmcmd.org
 - Place in the black MMCI mailbox just inside the MVM entrance door
 - Give to the MVM school front desk
 - Give to Heidi Novak, Director of B&A Care

MMCI Before and After Care Program 2016-2017

Program Information and Policies

Hours of Operation:

Before Care: 7:00-8:50am Monday-Friday

After Care: 3:45-6:00pm Monday-Thursday and 2:45-6:00pm on Fridays

Inclement Weather/FCPS Holidays:

Before and After Care will NOT be held when:

- School is closed, delayed, or dismissed early due to inclement weather
- FCPS has scheduled holidays
- FCPS has a scheduled late opening
- FCPS has a scheduled early dismissal, unless otherwise announced in the school newsletter or the e-mail list serve.

Day Care at CCM when MVM closed

- On designated FCPS closure dates, MVM students may be eligible for full day care at Carroll Creek Montessori provided by the YMCA for \$30/day.
- Please contact Diana Lewis, Director of YMCA Before & After School Enrichment Program, at 301.663.5131 ext. 1269 or dlewis@frederickymca.org for more information or to register.

Contact Info:

EMERGENCIES/URGENT ISSUES

- During B&A Care hours of operation, you may reach B&A Care staff by calling **301-668-5013**, which is the MVM school office number but will ring down in the After Care room.
- During school hours, you MUST send an email to Heidi Novak at childcare@mmcimd.org but you may also follow up with office staff and classroom teachers.

SCHEDULING

For all scheduling arrangements, changes or issues, contact the MMCI Director of Before and After Care, Heidi Novak, at childcare@mmcimd.org.

BILLING

For any billing changes, questions or concerns, contact the MMCI Bookkeeper, Amy O'Connor, at bookkeeper@mmcimd.org, or by placing correspondence or forms in the MMCI black mailbox just inside the MVM school entrance door. If necessary, you may call the MMCI office at 301.631.3888 to leave a voicemail and your call will be returned within 5 days.

FORMS & INFO

For additional information and forms, see our website at <http://mmcimd.org/charter-schools/mvm/mvmbacare/>

MMCI Before and After Care Program 2016-2017

Program Information and Policies

This program is provided for MVMPCS students in grades K-8 (ages 5 and up) with a maximum capacity of 30 students. It is licensed by the Maryland State Department of Education Office of Child Care.

Drop-Off/Pick-Up

- Parents are required to enter the building in order to sign in and/or sign out their child(ren).
- For the safety of your child, persons listed on your Emergency Form will be the only other persons allowed to pick up your child unless written notice is given or emailed to the After Care staff stating otherwise.
- Please use the **Dill Avenue side of the building** for Before and After Care admittance at the double white doors to the multipurpose room under the sanctuary.

Late Pick-Up

Please note that After Care **closes promptly at 6:00p.m.** every evening.

- If you know you are going to be late, please call the After Care room at 301.668.5013 to let the staff know.
- You will be charged \$1 per child for every minute late after 6:00p.m. All late fees will be added to your invoice, and you will be required to sign a *Late Pick-Up log* at the time of your arrival to document the number of minutes you are late.
- Late pick-ups in excess of 3 occurrences and/or 45 minutes per month will result in re-evaluation of services, which may include suspension or expulsion from the program.

Snacks/Breakfast:

- Afternoon snacks (peanut free) and drinks will be provided at no extra charge.
- Children attending Before Care may bring in their own breakfast or purchase breakfast from FCPS Food Services when Before Care is over at 8:50am.

Medications

- All medications kept in Before and After Care must have a current doctor's prescription. This includes EPI Pens, inhalers, and any doctor prescribed medicines.
- Please complete the Medication Administration Authorization Form and contact the MMCI Director of Before and After Care, Heidi Novak, to arrange medication transfer to and from Before and After Care staff.

Medical Records

Per the Maryland State Department of Education Licensing agreement, MMCI B&A Care Staff must have access to FCPS Medical/Health Inventory records from MVMPCS school files for use in the B&A Care Program if it becomes medically necessary.

I have read, understand and agree to abide by the above listed program information and policies.

Signature

Date

MMCI Before and After Care Program 2016-2017

Child Behavior Policy

- I. Behavior management begins with teaching appropriate standards for behavior and conflict resolution skills to our program participants. In our program, we teach these skills and promote positive self-image in our children by
 - a. Setting up a program that is suitable for the ages and needs of participants
 - b. Developing rules with the children, and if there is a problem, discussing the situation and why the rule is necessary
 - c. Offering choices and appropriate activities
 - d. Preventing problems by teaching and modeling conflict resolution skills
 - e. Giving positive attention frequently and offering positive suggestions and encouragement
 - f. Redirecting to a different behavior

- II. If problem behaviors develop or persist, MMCI staff will initially address them by
 - a. Using age appropriate “time-out” to allow for a cool down and time to think of better ways to handle problems
 - b. Removing privileges

- III. Should a child refuse to follow the rules
 - a. First, the director will communicate verbally with the parents
 - b. If this does not rectify the situation, the director will document the behaviors and review with parents

- IV. Should the problem behavior persists
 - a. The child may be suspended from the program for 1-3 days at the discretion of the director
 - b. A conference with the parents will be required before the child can return
 - c. Parents will be advised that if the behavior in question occurs again, the child must be picked up immediately, and it may result in removal from the program.

- V. Should a child not be able to adapt to our program, he/she may be removed from the program, with up to a 2-week period allowed for the parents to find alternative care

- VI. Major offenses may result in immediate suspension and/or expulsion from the program. If a parent cannot be reached, we will call the emergency contact. The MMCI President will be notified and an MMCI Incident Report form will be filed. Someone will need to come immediately if any of the following behaviors occur:
 - a. Physically harming another person
 - b. Threatening, harassing or otherwise verbally abusing another person
 - c. Endangering him/herself
 - d. Intentionally destroying property
 - e. Possessing or using any illegal substances
 - f. Possessing or using any weapons

MMCI Before and After Care Program 2016-2017

Child Behavior Policy (continued)

- VII. Children and their parents must accept the MMCI Before and After Care Child Behavior Policy and Agreement.

- VIII. These policies are intended as guidelines for how behavioral or disciplinary concerns will be addressed. Nothing in the Behavior Policy or the Parent Handbook (other than the Parent's Agreement) creates any expressed or implied contractual rights. The Handbook reflects policies and procedures generally acceptable at the time of publication and such policies and procedures may be changed by MMCI. Please discuss this Behavior Policy with your child(ren).

I have read and understand the preceding 2016-17 MMCI Before and After Care Child Behavior Policy and agree to abide by all of the requirements contained therein.

Signature

Date

MMCI Before and After Care Program 2016-2017

Billing Information

RATES:

Registration fee: \$15 per family

- One-time fee for the entire school year assessed on your first invoice.

Scheduled Care: \$12 per session

- Each Before or After Care session must be scheduled or changed with the Director via email more than **24 hours prior** to the start of the session, not including weekends.
- Children scheduled for “full-time” receive a 10% discount.
(“Full-time” is defined as every session that Before & After Care is open for the entire month)

“Emergency” Care (if space is available): \$20 per session

- “Emergency” Care rates apply when **less than 24 hours notice** from the start of the session is given per the date stamp of the email sent to the Director.
- Notice **MUST** be provided by email for our records to the Director, Heidi Novak, at childcare@mmcimd.org even if it is the same day that care is needed. If a phone call to the office is necessary, you **must still send an email** as well.
- Students **MUST BE PRE-REGISTERED** to use Emergency Care.

Late fee: \$1 per minute/per child

- The fee will be assessed for every minute late in picking up your child after 6pm.
- Late pick-ups in excess of 3 occurrences and/or 45 minutes per month will result in re-evaluation of services, which may include suspension or expulsion from the program.

IMPORTANT: Payment will be due for all days that a child has attended or is scheduled, **even if s/he does not attend** because these slots are being held by the program.

INVOICES & PAYMENTS:

Invoices:

- All invoices are sent on a monthly basis via email only.
- The fees are based on the information (schedules, attendance, & late pick-ups) the Bookkeeper receives from the B&A Care Director.
- Your invoice will be sent to the email(s) listed on your Payment Authorization Form on or before the 10th of each month for any fees accrued from the previous month.
- If you notice any issues with your invoice, contact the Bookkeeper prior to the payment date at bookkeeper@mmcimd.org, and cc the Director at childcare@mmcimd.org.

Payments:

- The information you provide on the Payment Authorization Form will be used to **automatically** process your payment on the **16th of each month** or the next business day, unless you have contacted the Bookkeeper prior to that date.
- Any changes to your payment details must be submitted in writing by completing and submitting a new Payment Authorization Form prior to the next billing date.
- Delinquent payments may result in an interruption of services.

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____ per attached schedule or email to Director

Child's Home Address _____
Street/Apt. # City State Zip Code

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		Place of Employment: _____	C: _____	H: _____
		W: _____		
		Place of Employment: _____	C: _____	H: _____
		W: _____		

Name of Person Authorized to Pick up Child (daily) _____
Last First Relationship to Child

Address _____
Street/Apt. # City State Zip Code

Any Changes/Additional Information _____

ANNUAL UPDATES _____
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

2. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

3. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street/Apt. # City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

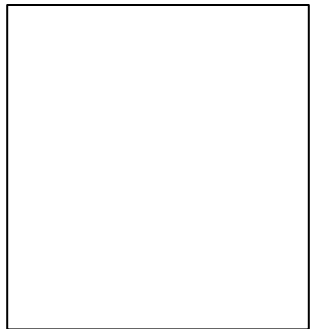
(_____)_____
Telephone Number

MARYLAND STATE DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE
MEDICATION ADMINISTRATION AUTHORIZATION FORM

Child Care Program: MMCI Before and After Care Program

This form must be completed fully in order for child care providers and staff to administer the required medication. A new medication administration form must be completed at the beginning of each 12 month period, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact.
- Parent/Guardian must bring the medication to the facility.
- Must pick up the medication at the end of authorized period, otherwise it will be discarded.



Child's Picture (Optional)

PRESCRIBER'S AUTHORIZATION

Child's Name: _____ Date of Birth: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____
(PRN=as needed)

If PRN, for what symptoms: _____

Possible side effects & special instructions: _____

Medication shall be administered from: _____ to _____
Month / Day / Year Month / Day / Year (not to exceed 1 year)

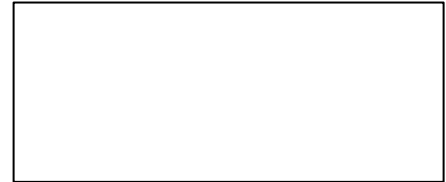
Known Food or Drug: Allergies? Yes No If Yes, please explain _____

Prescriber's Name/Title: _____

Telephone: _____ FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____
(Original signature or signature stamp ONLY)



This space may be used for the Prescriber's Address Stamp

PARENT/GUARDIAN AUTHORIZATION

I/We request authorized child care provider/staff to administer the medication as prescribed by the above prescriber. I attest that I have administered at least one dose of the medication to my child without adverse effects. I/We certify that I/we have legal authority, understand the risk and consent to medical treatment for the child named above, including the administration of medication. I agree to review special instruction and demonstrate medication administration procedure to the child care provider.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL
(Only school-aged children may be authorized to self carry/self administer medication.)

Self carry/self administration of **emergency** medication noted above may be authorized by the prescriber.

Prescriber's authorization: _____
Signature Date

Parental approval: _____
Signature Date

FACILITY RECEIPT AND REVIEW

Medication was received from: _____ Date: _____

Special Health Care Plan Received: YES NO

Medication was received by: _____
Signature of Person Receiving Medication and Reviewing the Form Date

MEDICATION ADMINISTERED

Each administration of a medication to the child shall be noted in the child's record. Each administration of prescription or non-prescription to a child, including self-administration of a medication by a child, shall be noted in the child's record. Basic care items such as a diaper rash product, sunscreen, or insect repellent, authorized and supplied by the child's parent, may be applied without prior approval of a licensed health practitioner. These products are not required to be recorded on this form, but should be maintained as a part of the child's overall record. Keep this form in the child's permanent record while the child remains in the care of this provider or facility.

Child's Name:			Date of Birth:	
Medication Name:			Dosage:	
Route:			Time(s) to administer:	
DATE	TIME	DOSAGE	REACTIONS OBSERVED (IF ANY)	SIGNATURE

MMCI Before and After Care Program 2016-2017

Payment Authorization Form

Preferred Name of Parent(s) to contact _____

Name of Child(ren) _____ Phone# _____

Mailing address _____

Send invoice to:

Primary Email address _____

CC Email address (optional) _____

Do you need a receipt for each payment? YES NO

Do you need a yearly statement? YES NO

CHECKING ACCOUNT

Name on account _____ Routing Number _____

Name of bank _____ Account Number _____

CREDIT/DEBIT CARD

Card number _____

Name as it appears on card _____

Expiration Date _____ 3 digit code _____ Billing Zip Code _____

I authorize MMCI to charge the method of payment indicated above for the amount stated on the B&A Care Invoice sent via email for each month attended during the 2016/2017 school year for the Before and After Care program.

I understand that this Payment Authorization Form will remain in effect until **July 31, 2017** or until I cancel it in writing, whichever comes first, and I agree to notify MMCI in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that MMCI may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute these scheduled transactions with my bank provided the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ **DATE** _____

Any billing changes, questions, or concerns?

Please contact the MMCI Bookkeeper, Amy O'Connor, via email at bookkeeper@mmcimd.org, by placing correspondence or forms in the MMCI black mailbox just inside the MVM school entrance door, or by calling the MMCI office at 301.631.3888 to leave a voicemail (allow up to 5 days for a return call).

MMCI Before and After Care Program 2016-2017

Attendance Schedule

The following days are considered your child's initial attendance schedule to start the B&A Care program. It may be changed at any time. To make a change to your schedule, you must email the details of your new schedule to the Before & After Care Director at childcare@mmcimd.org.

If **more** than 24 hours notice is given, the session will be charged as \$12/session.

If **less** than 24 hours notice is given, the session will be charged as \$20/session.

Child's Name _____

Expected start date _____

BEFORE CARE

MON TUES WED THURS FRI

AFTER CARE

MON TUES WED THURS FRI

OCCASIONAL OR IRREGULAR SCHEDULE YES

Please explain in the section below if possible.

Always give as much notice as possible to ensure there is space available.

OTHER NOTES OR SPECIFICS REGARDING YOUR SCHEDULE