



Before and Aftercare

2019- 2020

	Before Care	Aftercare
Hours:	7:35am-8:50am	3pm-5pm
Cost:	\$10	\$12

Policies

- COMMUNICATION
 - All information regarding absences, early pick-up, late pick-up, need to be sent directly to the office@coeuracademy.org. If you have an emergency requiring a response within one hour, you may call the school at (314) 733-9770. We ask that you do not text teachers or staff.
- HEALTH AND FIRST AID
 - School policy concerning fever, flu symptoms, rashes, sore throat, hepatitis A, pink eye, diarrhea, and vomiting applies.
- MEDICAL EXAMINATIONS AND IMMUNIZATIONS
 - All students must have the required immunizations prior to attending before and aftercare.
- PRESCRIPTION AND NON-PRESCRIPTION MEDICATION
 - A current permission to Administer Medication form must be filled out if applicable prior to attending before or aftercare.
- SAFEGUARD FOR DROP OFF AND PICKUP
 - Cars may not be parked unattended in carpool. If you need to come into the building, please use a designated parking spot on the school grounds.
- SNOW DAYS
 - Before and aftercare are only offered when school is in session.



- PAYMENT
 - Before and aftercare use will be recorded by staff and invoiced at the end of each month. Payment is due by the 2nd week of each month beginning August 2019. Payments received after the 2nd week of each month will incur an additional weekly \$15 late fee. Two missed monthly payments will immediately forfeit a student's ability to utilize before and aftercare.
 - ELECTRONIC DEVICE POLICY
 - Personal devices, including all cell phones, may only be used during the before and aftercare with the expressed permission of faculty. Use of personal devices, including cell phones, must adhere to the Coeur Academy Acceptable Use Guidelines. Failure to comply with these guidelines may result in confiscation of the device and/or loss of privileges at the discretion of School Administration.
 - STUDENT/PARENT/STAFF CONDUCT RESPONSIBILITIES agreed upon prior to attendance of Coeur Academy apply.
 - ASSUMPTION OF RISK WAIVER signed prior to attendance of Coeur Academy applies.
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My child _____ and I have read through Coeur Academy's Policies and understand we are responsible for adhering to the guidelines described.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____