



Thank you for choosing Elizabethtown Christian Educational Ministries Afterschool (ECEM AFTERSCHOOL). Our goal is to provide quality care in a Christian educational environment to all children in our care. Our staff provides children with a healthy snack, homework assistance, daily devotions, and organized games in a safe, fun, recreational environment to keep children active and engaged in physical activities [enhancing their daily routine].

The following pages outline our ministry and costs. The application is on pages 4-6. Please make sure you read through all the pages carefully, as you will be entering a contract with us that should be honored as outlined. We welcome your questions, comments, and ideas. We are looking forward to working with you and your family.

Sincerely,

Mrs. Beverly Bridgers
Head of School
Email: bbridgers@etownecem.org
Phone: (910).862.3427

Mrs. Rose Ann Smith-Inman
Director of the Afterschool Program
Email: rsinman@etownecem.org

Admission:

Enrollment at ECEM Afterschool Ministries is open to all children Pre-K-6th grade without discrimination in regard to sex, race, color, religion or beliefs. Registration forms and a \$35.00 non-refundable registration fee must be completed and submitted prior to a child’s start date. **Students who are 3 through 5 years old must also submit an immunization record.**

Transportation:

For liability purposes, ECEM does not provide transportation for students who are coming from local public schools. Parents must contact the transportation officers at the schools for instructions about dropping their child/children off at the Melvin Street entrance of Elizabethtown Christian Academy.

School Closings

In the event of inclement weather, we will follow Elizabethtown Christian Academy’s delays and closures. We will also be closed the following holidays:

- | | |
|-----------------------------|------------------------|
| New Year’s Day | Thanksgiving Day |
| Easter Monday | Day after Thanksgiving |
| Memorial Day (Veterans Day) | Christmas Eve |
| Fourth of July Week | Christmas Day |
| Labor Day | Martin Luther King Day |

Illness Policy

For the well-being of all our students and staff, we ask that parents keep their child/children home if the child/children are ill. If a student develops any of the symptoms listed below during school hours/program hours, we will contact you for immediate pick-up.

Please keep the child/children home for at least 24 hours after symptoms have disappeared or been treated for the following illnesses:

- Vomiting
- Diarrhea
- Flu Symptoms
- Chronic Cough
- Strep Throat
- Pink Eye
- Heavy, colored nasal discharge
- Head lice (including eggs)
- Unexplained rash

Discipline Policy

Students are expected to follow the rules outlined by the Head of School and Afterschool Director. Students will be given a verbal warning and/or time out. Parents will be notified if there is a serious breach of any of the rules/expectations. Verbal warnings and parent contacts will be documented by staff members. Excessive warnings or **any threatening/violent behavior** will result in a student being dismissed from the afterschool program.

Rules and Expectations

BE PREPARED: Each student should come into the ECEM Afterschool Ministry with knowledge of how the day will go. Snack time, devotion, homework assistance, and outside time/free play.

Afterschool Schedule

3:00 – 3:15	ECA students arrive/monitored free time
3:10 – 3:45	Bus arrives
3:15 – 4:15	Snack & Homework
4:15 – 4:45	Devotion
4:45 – 5:30	Clean up/parents arrive for pick up

BE RESPECTFUL: Students should be respectful and kind to all staff, peers and property. Students should keep their hands to themselves, treat others as they would like to be treated, use appropriate language and respect all toys and property of ECEM. Violence and bullying will not be tolerated.

WORK QUIETLY: During homework time, work is to be completed in a quiet and timely manner. This ensures that all students are given the same opportunity to complete work and receive help when needed. Whatever homework is not completed in the allotted time is the responsibility of the student and parents.

Tuition

There is a one-time \$35 registration for all new contracts/students. This fee is due when the contract is turned in at the front desk of Elizabethtown Christian Academy. Once a child has entered the ECEM Afterschool Program, he/she will not have to submit a registration fee again unless he/she leaves the program and re-enters at another time.

ECEM Day School students	12:00-5:30 M-F	\$55 per week, per child
Academy & Public School students	3:00-5:30 M-F	\$45 per week, per child

Special Days (teacher workdays, holidays) The director **must be notified two weeks in advance** of any special days that afterschool care may be needed. **At least five** students must be signed up in order for the director to put staff on the schedule.

7:30-5:30 \$30 per day, per child

Drop-ins are allowed if the director is given advanced notice in order to make sure adequate staffing is provided.

\$10 for 1-3 hours
\$20 for 4-6 hours
\$30 for 7 or more hours

Afterschool Application Information

Child's Name: _____ DOB _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Mother's Name: _____

Phone numbers: Home _____ Cell _____ Work _____

Father's Name: _____

Phone numbers: Home _____ Cell _____ Work _____

Email: _____

ECEM Afterschool may release my child to the following person/persons:

In case of an emergency contact (if you cannot be reached)

1st choice: _____ Phone number _____

2nd choice: _____ Phone number _____

I, _____, for myself and my minor child, hereby release, discharge and hold harmless ECCEM Afterschool and its officers, directors, employees, representatives, volunteers, and owners, from and against any and all liability and responsibility whatsoever, for any and all damages, claims, or causes of action that my minor child and I may have for any loss, personal injury or death. In signing this agreement, I acknowledge and represent that I have read and understand this agreement; that I am at least eighteen (18) years of age and fully competent; and that I am the legal guardian of this minor participant. I have also read and fully understand the ECCEM policies. I agree to all terms and conditions listed in the policy packet and agree to abide by all the rules set by ECCEM Afterschool

Parent/Guardian's Signature _____

Afterschool Tuition Contract (Binding)
Please sign and return to the front office of ECA

Prompt payment of tuition is essential to the proper functioning of our school. By signing this contract you are **agreeing to pay the tuition for the entire academic year. No portion of the tuition will be forgiven or refunded on account of absences or school closures.**

We do not offer discounts or refunds if your child is absent. If your child is picked up after 5:30 pm, you will be charged \$1.00 for each minute you are late.

Tuition is due by Friday of each week unless a different arrangement has been made with the business manager. Any late payments will be subject to a \$10.00 late fee or a child being dismissed from the afterschool program.

Payments may be made by cash or personal check. A \$20.00 fee will be assessed for any returned checks. Checks should be made payable to ECEM Afterschool Program.

Child's Name: _____

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

Permission to Photograph

I give ECEM Afterschool Ministry permission to use my child photo on the ECA website, blog and Facebook page.

Parent/Guardian Signature: _____ Date: _____

Child's Medical Report

Name of Child: _____ Birthdate: _____

Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything No ___ Yes ___ If yes, what? _____
2. Is child currently under a doctor's care No ___ Yes ___ If yes, for what reason? _____

3. Is child on any continuous medication? NO ___ Yes ___ If yes, what? _____

4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and what for? _____

5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___ diabetes No ___ Yes ___;
convulsions No ___ Yes ___; heart trouble No ___ Yes ___; asthma No ___ Yes ___
If others, what/when? _____
6. Does the child have any physical disabilities: No ___ Yes ___ If yes, please describe: _____

Any mental disabilities? No ___ Yes ___ If yes, please describe _____

Signature of Parent/Guardian _____ Date _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N.C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or public health nurse meeting DHHS standards for EPSDT program

Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____

Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____

Neurological System _____ Skin _____ Vision _____ Results of Tuberculin Test if given :

Type _____ date _____ Normal ___ Abnormal ___ follow-up _____

Developmental Evaluation: delayed: ___ age appropriate _____

If delay, note significance and special care needed: _____

Date of Examination: _____

Signature of authorized examiner/ title : _____ Phone # _____