



After Care Handbook

Buckner Fanning School at Mission Springs (BFSMS) would like to welcome you and your child/ren to our After School Care Program. Our mission for this program is: To be a school that implements genuine care, respect and courtesy for BFSMS students and parents we serve. We strive to enrich and enhance the lives of children, as they become young adults, while working as a team toward common goals.

BFSMS is a 501 (c)3 non-profit organization that began operating its first after care program in 1998. Our goal has always been to provide a quality program that is safe, fun and affordable. Our program offer age appropriate activities under the supervision of a competent, trustworthy, caring and qualified staff that understands and meets the needs of the children in our care.

To meet the physical, intellectual, social, emotional and recreational needs of children, our program will:

- *Offer fun, enriching academically oriented and recreational activities that help promote confidence, self-esteem and responsibility*
- *Provide children a safe and secure environment staffed by warm and friendly child care professionals*
- *Provide a relaxed atmosphere where children can socialize and make new friends*
- *Provide a nutritious snack*
- *Provide time for homework and offer assistance if requested*

At BFSMS, we believe that during the hours that the children are away from home they should be provided with a quality program of well-supervised activities that stimulates new interests, encourages creativity and builds self-confidence.



Registration

All students at the Buckner Fanning School at Mission Springs are eligible to enroll in our After School Care program. Registration forms are available online or in the school office. The location for our program is in the cafeteria. If you would like further information on how to sign up for this program call the administration office at 210.721.4700.

Attendance Procedures

Attendance is taken daily of all children attending the After School Care program. Parents are responsible for notifying the program staff if their child/ren will be absent (bdonaldson@tsams.org) or you may call the school administration office at 210.721.4700.

Sign Out Procedures

Your child/ren must be signed out with your initials when picked up each day. Only persons authorized on your BFSMS application form the parent(s) and/or guardian(s), may pick up your child/ren. Staff members will check the authorization form and request photo identification if the person picking up the child is unfamiliar. Please be aware that we do this for the safety and protection of the children in our programs. Your child/ren will not be released to anyone without prior written notice, an email, and/or telephone call.



After School Programs

Parents with child/ren enrolled in our after care program are responsible for notifying the Program Director if their child is participation in any of the BFSMS After School Care programs. Each school activity sponsor will be responsible for escorting your child to the lunchroom to continue their stay in After School Care until the time you arrive to pick them up.

Late Pick Up Policy

The After School Care program closes promptly at 6:00 p.m. each evening. All parents and/or guardians are expected to pick up their child/ren on time. If you are unable to do so, it is your responsibility to notify the Program Director that you will be late or that you are sending someone other than yourself to pick up your child.

A \$1.00 late fee will be charged per child for every 1 minute after closing.

To notify Ms. Donaldson of late arrival or another person picking up, call her at 210.269.3547.

Health/Safety/Medications

The After School Care program is equipped with a first aid kit. The Program Director will notify parents if there is evidence of serious injury or illness. A written record will be kept of all injuries and accidents requiring first aid. A copy of the accident report will be sent home to the parent/guardian with the child, and a copy will be kept on file.



In case of emergency, illness, or injury to the child, the parent/guardian will be notified immediately. If the parent/guardian cannot be reached immediately, the emergency number provided on the BFSMS application form will be contacted as well.

If your child must take any medications during the time of aftercare, you must let the Program Director know and complete a Medical Authorization Form. No medication will be dispensed without a doctor's written authorization. Medications must be given to the Program Director to ensure proper usage. No medication will be dispensed unless it is in its original container

Daily Activities

Upon dismissal from school, all children enrolled in the BFSMS After School Care program are taken to the cafeteria; Children will be grouped according to their current grade, and provided with a nutritious snack. Activities may vary, but children will then be dismissed for organized outdoor games and playground time. We understand the importance of homework and will provide a homework area in the lunchroom. Parents may choose whether they want their child to work on in homework while in our care.

Discipline

The BFSMS After School Care Program staff is trained in behavior techniques that include positive reinforcement, redirection, conflict resolution and rewards. A child with a consistent behavioral problem who is not responding to his or her counselor or who exhibits extreme or dangerous behavior will be sent to the Program Director, who will notify the child's parents with a Behavior Report. In extreme cases of behavior such as running away, fighting, extreme disruption, or destruction of school property, the parent and/or guardian may be called to pick up the child immediately.



If a problem persists, a parent and/or guardian conference will be scheduled to discuss areas of concern and the steps that will be taken to help improve your child's behavior. Suspension or dismissal may be required in extreme cases.

School Holidays/Early Release Days

The program will be closed on the following holidays: Labor Day, Columbus Day, Christmas Break, Thanksgiving Break, Martin Luther King Day, Presidents' Day, Spring Break, Good Friday, Easter Monday, Battle of Flowers, and Memorial Day. After Care will always be provided for early release days, with the exception of the early release day before the Christmas Break.

Additional Information

All personal belonging, including jackets, lunch boxes, backpacks, etc. should be clearly labeled to help avoid loss.

Income Tax Information

Tax statements indicating the payments made to the BFSMS will be prepared upon request. They may be requested from the Program Director or Business Manager. Please allow two weeks for processing, especially during tax season. Please note that it is the responsibility of each parent and/or guardian to retain his or her receipts.

Grievance Procedures

BFSMS takes seriously all concerns expressed by our parents. Should you have any grievances, the following procedures should be followed:



- Any concerns regarding your child's After School Care should be brought to the attention of the Program Director of BFSMS.
- If, after discussing the matter with the Program Director, you are not satisfied with the decision, please contact our Head of School, Sharon Newman at 210.721.4700 or snewman@tsams.org

Hours

- 3:15- 3:30 – Check- In
- 3:30 – 4:00 – Snack and Social Time
- 4:00 – 4:30 – Outside Play
- 4:30 – 5:00 – Homework/Reading
- 5:00 – 6:00 – Free Play and Clean-Up

Unconditional Tuition Obligation

- I understand that this Contract reserves a place for my child at the Buckner Fanning School at Mission Springs (BFSMS) After Care Program for the entire academic year.
- I agree that upon signing this contract, my obligation to make the After Care payments in full when due is unconditional and without regard for whether my child actually starts the academic year, attends for the whole year, withdraws or is suspended or expelled after part of the year. The only exception is death of child, death of responsible parent, or moving more than 50 miles from the school (documentation will be required).



Acceptance of Terms and Agreement

I understand that the Buckner Fanning School at Mission Springs After Care Program policies have been developed to ensure the safety and well-being of all children attending our program. I have read the After School information and understand thoroughly the program policies and procedures. I have discussed the rules of the program with my child.

Sign and return this page and the Registration Form. You may scan and email it to bdonaldson@tsams.org, fax it to 210.495.0688 or print and return to school office.

_____ **Date:** _____
Parent/Guardian Signature



Buckner Fanning School at Mission Springs (BFSMS)

After Care Registration Form

Child's Information

Child's Full Name: _____ Birth Date: ___/___/___ Homeroom: _____
Street Address: _____ Home Phone: (____)____-_____
City: _____ State: _____ Zip Code: _____
Child's Nick Name(s): _____

(The BFSMS registration form is used for personal information such as emergency numbers, medical alerts, people allowed to pick up child/ren.)

Parent/Guardian Information

Mother's Full Name: _____ Cell Phone: (____)____-_____
Street Address: _____ Home Phone: (____)____-_____
City: _____ State: _____ Zip Code: _____

Father's Full Name: _____ Cell Phone: (____)____-_____
Street Address: _____ Home Phone: (____)____-_____
City: _____ State: _____ Zip Code: _____



Emergency Contacts

Primary Emergency Contact (other than parents or guardians)

Name: _____

Home Phone: (____)____-_____

Work Phone: (____)____-_____

Relationship to Child: _____

Address: _____

Secondary Emergency Contact (other than parents or guardians)

Name: _____

Home Phone: (____)____-_____

Work Phone: (____)____-_____

Relationship to Child: _____

Address: _____

Any Special Instructions on how to reach parents:

Emergency Contacts

1. Child's Physician: _____ Phone: (____)____-_____

2. Preferred Hospital: _____ Phone: (____)____-_____

3. Regular Medication(s): _____

4. Medicine allergic to: _____

5. Food Allergies: _____

6. Any Other Allergies: _____

7. Any special health conditions:



After Care Registration Form

Child's Information #2

Child's Full Name: _____ Birth Date: ___/___/___ Homeroom: _____
Street Address: _____ Home Phone: (____)____-_____
City: _____ State: _____ Zip Code: _____
Child's Nick Name(s): _____

Emergency Contacts

1. Child's Physician: _____ Phone: (____)____-_____
2. Preferred Hospital: _____ Phone: (____)____-_____
3. Regular Medication(s): _____
4. Medicine allergic to: _____
5. Food Allergies: _____
6. Any Other Allergies: _____
7. Any special health conditions:



Pick up/ Car Pool Authorization Form

Your child will only be released to those who you give permission. List name(s) and phone number(s) of people who may pick up your child/children. Note that picture identification will be required at the time of pick up.

Name: _____ Phone: (____)____-____

Relationship to Child: _____

Name: _____ Phone: (____)____-____

Relationship to Child: _____

Name: _____ Phone: (____)____-____

Relationship to Child: _____

Name: _____ Phone: (____)____-____

Relationship to Child: _____

Name: _____ Phone: (____)____-____

Relationship to Child: _____

Name: _____ Phone: (____)____-____

Relationship to Child: _____