



**HILTON HEAD ISLAND
MIDDLE SCHOOL
PARENT HANDBOOK
FOR
BEFORE SCHOOL
CARE PROGRAM
2018-2019**

Dear Parent/Guardian:

Welcome to the 2018-2019 school year! Thank you for your interest in the Hilton Head Island Middle “Before School Care” Program. We strive to provide a service that makes your child feel safe, nurtured, and enriched. Our staff is trained to provide you with engaging care before school begins each morning.

The HHIMS “Before School Care” Program provides a venue that allows students to complete assignments, study, and prepare for their school day. We welcome any feedback you would like to share with us. Please don’t hesitate to call if I can be of assistance.

I hope you and your middle schooler have a wonderful new school year!

Sincerely,

A handwritten signature in cursive script that reads "Pat Freda". The signature is written in black ink on a white background.

Pat Freda
Principal

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Before School Care Program Registration Checklist

To register your child for our Before School Care Program, you must complete the following before your child can attend:

- Application for Before School Care Program (included in this packet)
- Registration Fee of \$20.00 (checks payable to HHIMS)

Mission Statement

HHIMS Before School Care Program will provide a safe and caring environment where students can expand their education through various opportunities that develop confidence and good character traits to become well rounded students.

Goals

- To provide a quality Before School Care Program for sixth through eighth grade students.
- To engage children in a caring, safe, atmosphere.
- To present students the opportunities which foster personal achievement.
- To offer affordable care to **HHIMS** families.

Overview

HHIMS Before School Care Program provides a safe environment and a supervised period before the regular middle school day begins. The morning schedule will include time for students to complete academic assignments.

Guidelines

Unless the program is at capacity, a child may start attending HHIMS Before School Care Program as soon as the following forms are completed and given to the school bookkeeper.

- Before School Care Program Application
- Payment Agreement Form
- Emergency Medical Form
- Registration Fee (A registration fee is required before a child is considered enrolled in the program and prior accounts must

be current.)

Hours and Days of Operation

- The Before School Care Program begins at **7:15 am** before the beginning of the school instructional day and ends promptly at **8:15 am**.
- Before School Care Program operates **ONLY** on days that school is in session for students.

Rates and Registration

The HHIMS Before School Care Program seeks to make childcare as affordable as possible for every family who may require the service. ***Payment for services is due before the first day of the month.***

Registration Fee

A **\$20.00 registration fee** is required for each child, each school year. If you **remove** your child from the program and decide to **re-enroll them**, you must repay the **\$20.00** registration fee.

Before School Care Fee

\$1.00 per day per child (regardless the number of mornings your child attends). If you decide to change the status of your child in the Before School Program, you must inform the Before School Program supervisor and complete a Change of Status Form (included in this packet) **prior** to changing status. Otherwise, you will be charged fees based on your registration status. Families with more than one child in the program pay the same daily rate of **\$1.00 for each child.**

The fee of \$1.00 each day is the same regardless of the time your child arrives to the program. Any student arriving on campus prior to 8:15 am is expected to enroll in the Before School Care Program where adult supervision is provided. Supervision is not provided to students prior to 8:15 am except in the Before School Care Program.

We ask that payment for each month be made before the first of the upcoming month. This is the preferred method of payment for recording purposes. The following shows the number of school days for each month in the 2018-2019 school year. You will find a payment slip for each month on the last page of this booklet.

August = 10 days	September = 19 days	October = 23 days	November = 18 days
December = 15 days	January = 16 days	February = 19 days	March = 21 days
April = 17 days	May = 22 days	Total = 180 days = \$180	

Morning Check-In/Safe Arrival of Students

Attendance is taken when the student arrives in the office each day.

Inclement Weather and Cancellation of School

- The Before School Program **WILL NOT** operate on days that school is closed due to adverse weather conditions.
- Before School Program **WILL NOT** operate when school begins late because of inclement weather.

Refunds will not be given for any school days cancelled because of weather.

Discipline

Discipline will be handled in accordance with the Beaufort County Schools District adopted policy on Student Discipline. These policies may be viewed on the internet at www.beaufort.k12.sc.us. Appropriate methods of discipline will include removal of child from a group setting, limited privileges, and consulting with parent/guardians. Actions deemed by the supervisor and/or the principal of the school to be a serious offense will result in suspension or dismissal from the program in accordance with Beaufort County Schools District policy and procedure on student discipline. Supervisors will keep a log sheet of behavior problems and will report these to parents/guardians. Should a student's behavior make it necessary to preclude him or her from the program a letter will be sent home as a final warning.

Suspension/Expulsion from Before School Care Program

Dismissal may result from discipline issues, failure to pay timely as set forth herein, or issuing non-sufficient funds (NSF) checks for payment to the program.

Use of Technology

All Before School participants are to use technology in compliance with the BCSD Acceptable Use Policy. All technology use will be supervised closely. Use of technology is to be for the express purpose of learning to enhance instruction and curriculum for BCSD. Any technology violations or inappropriate use of technology during the Before School Program will be addressed as outlined in the Acceptable Use Policy and the BCSD Student Discipline Code of Conduct.



Medication

To minimize disruptions to the school day, students should take medicine at home rather than at school whenever feasible, as the nurse will not be present for the Before School Program.

No medication will be kept by Before School Program staff employees. All medication must be kept in the nurse's office.

Telephone Contact

Students are not permitted to make telephone calls during Before School Care Program. Should a student need to contact a parent or guardian, they should inform the supervisor or assistant for help. If you need to contact the supervisor, please refer to the contact list provided at the end of this handbook.

Hilton Head Island Middle School
Application for Before School Care Program
August, 2018 – May, 2019
Before School 7:15 – 8:15 a.m.

Student Name: _____
(Birth given First name) (Birth given Middle Name) (Birth given Last Name)

Address: _____ City: _____ Zip: _____

Date of Birth: / / Gender: Male/Female

Parent/Guardian: _____

Parent email: _____

Home number: _____

Mom's Cell: _____ Dad's Cell: _____

Other than parent:
1st emergency contact: _____

Phone: _____ Relationship: _____

2nd emergency contact: _____

Phone: _____ Relationship: _____

Payment Guidelines

I understand that payment is due on the first Monday of each month payable to Hilton Head Island Middle School, in the form of cash, check, or the On-Line Payment option on the hhims.beaufortschools.net

- Website Online payment via credit card is preferred.
- I understand that a late fee of \$15.00 per child will be applied to my payment if I do not pay by the close of business on the first day of each month.
- I understand that if payment is not received by the close of business on the first day of end month, my child will not be allowed to attend the before-school program until payment has been made. (Space may not be available in the program if a student is removed).

Parent/Guardian Signature: _____ Date: _____

HILTON HEAD ISLAND MIDDLE SCHOOL

Before School Care Program Medical Release

I, the undersigned parent/guardian of _____ do hereby give my child permission to participate in the HHIMS Before School Care Program activities. I am aware of the nature and extent of the program and do hereby unconditionally release and agree to hold harmless Beaufort County School District, its agents and employees, from any and all claims of any kind or nature which may arise in connection with this program. I also give the staff of HHIMS Before School Program permission to seek medical attention for my child in my absence.

In case of emergency: Parents or someone who would be responsible:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list any allergies/medical problems, including those problems requiring maintenance medication, (i.e. Diabetic, Asthma, Seizure Disorder).

Medical Diagnosis	Medication	Dosage	Frequency

The purpose of the above information is to ensure medical personnel has details of any medical problem which may interfere with or alter treatment.

Parent/Guardian Signature: _____ Date: _____

Contacts for HHIMS Before School Care Program: Pat Freda

Hilton Head Island Middle School Main Office Number: 843-689-4500

**Hilton Head Island Middle School
Before School Program
2018 – 2019
Change of Status Form**

I, the undersigned parent/guardian of _____
do hereby withdraw my child from the HHIMS School Before School Care
Program.

Parent/Guardian Signature:

Date:

Payment Slips

<p>BEFORE SCHOOL CARE PROGRAM</p> <p>STUDENT NAME:</p> <p>APRIL PAYMENT = \$17.00</p> <p>PLEASE CIRCLE ONE:</p> <p>CASH CHECK ONLINE</p>	<p>BEFORE SCHOOL CARE PROGRAM</p> <p>STUDENT NAME:</p> <p>MAY PAYMENT = \$22.00</p> <p>PLEASE CIRCLE ONE:</p> <p>CASH CHECK ONLINE</p>
<p>BEFORE SCHOOL CARE PROGRAM</p> <p>STUDENT NAME:</p> <p>FEBRUARY PAYMENT = \$19.00</p> <p>PLEASE CIRCLE ONE:</p> <p>CASH CHECK ONLINE</p>	<p>BEFORE SCHOOL CARE PROGRAM</p> <p>STUDENT NAME:</p> <p>MARCH PAYMENT = \$21.00</p> <p>PLEASE CIRCLE ONE:</p> <p>CASH CHECK ONLINE</p>
<p>BEFORE SCHOOL CARE PROGRAM</p> <p>STUDENT NAME:</p> <p>DECEMBER PAYMENT = \$15.00</p> <p>PLEASE CIRCLE ONE:</p> <p>CASH CHECK ONLINE</p>	<p>BEFORE SCHOOL CARE PROGRAM</p> <p>STUDENT NAME:</p> <p>JANUARY PAYMENT = \$16.00</p> <p>PLEASE CIRCLE ONE:</p> <p>CASH CHECK ONLINE</p>
<p>BEFORE SCHOOL CARE PROGRAM</p> <p>STUDENT NAME:</p> <p>OCTOBER PAYMENT = \$23.00</p> <p>PLEASE CIRCLE ONE:</p> <p>CASH CHECK ONLINE</p>	<p>BEFORE SCHOOL CARE PROGRAM</p> <p>STUDENT NAME:</p> <p>NOVEMBER PAYMENT = \$18.00</p> <p>PLEASE CIRCLE ONE:</p> <p>CASH CHECK ONLINE</p>

BEFORE SCHOOL CARE PROGRAM

STUDENT NAME:

AUGUST PAYMENT = \$10.00

PLEASE CIRCLE ONE:

CASH

CHECK

ONLINE

BEFORE SCHOOL CARE PROGRAM

STUDENT NAME:

SEPTEMBER PAYMENT = \$19.00

PLEASE CIRCLE ONE:

CASH

CHECK

ONLINE