



# Sandy Lake Academy

435 Hammonds Plains Road, Bedford, NS, Canada B4B 1Y2

Telephone: (902) 835-8548 Fax: (902) 835-9752

Website: sandylakeacademy.ca

## 2021-2022 After-School Care Program Policy and Sign-Up

### Program Information

#### 1. Program Hours

- a. Monday-Thursday: 4:00-5:00 PM
- b. Friday/Half-day: 12:30-3:00 PM (4:00 PM seasonal\*)

#### 2. Fee Schedule

- a. Monday-Thursday
  - i. \$5/day, 4:00-5:00 PM
  - ii. +\$10/day, 5:05-5:30 PM
  - iii. +\$15/day after 5:35 PM
- b. Friday/Half-day
  - i. \$10/day, 12:30-3:00 PM (Seasonal: \$15/day 12:30-4:00 PM)
  - ii. +\$10/day, 3:05-3:30 PM (Seasonal: +\$10/day, 4:05-4:30 PM)
  - iii. +\$15 day after 3:35 PM (Seasonal: +\$15/day after 4:35 PM)

#### 3. Program Use and Fees

- a. Accounts are to be kept current. Account holders more than two weeks behind on up-to-date payment will lose the privilege of accessing after-school care until the account is made current.
- b. Payment will be due on the first Monday of the next month for the month for which services were received.
- c. A \$100 deposit will be paid upon enrollment, which will cover the associated amount of after-school care usage. Any unused portion, after accounting for other outstanding account balances, will be returned to enrolled families at the end of the year.
- d. The fees will help to provide for the supervisor's wage, purchase any needed program supplies, and offset any utility usage costs associated with the conducting of the program.
- e. The students of parents who arrive for pick-up after 5:35 PM on M-Th or 3:35 PM Friday twice within a semester without informing the Supervisor will lose their privilege of attending after-school care for the year. These parents who have pre-paid will receive a pro-rated refund after accounting for any unpaid balances.

#### 4. Program Supervision

- a. An SLA local hire will be responsible for supervising the after-school program.
- b. The program will take place in the kitchen, gym, and school yard (weather permitting).
- c. Supervision is currently not available on weather cancellation days.
- d. Students not enrolled in the program cannot participate in after-school care. As before, they will wait for pick-up between the double doors, unsupervised, after 4 PM.

***Journey to excellence.***

*Providing Quality Christian Education Since 1927*

- e. SLA Administration will inquire to parents at least two weeks in advance of any scheduled professional day as to whether care will be required and provided for these days.

**5. Enrollment and Participation**

- a. The program will only be open to SLA students.
- b. Only students in grades JP to 6 can be enrolled in the program.
- c. The program will be capped at 15 students.
- d. Admission to the program will be on a first-come, first-served basis. Beyond this, priority will be given to students whose tuition accounts are current.
- e. Parents will pre-select the days for which they require after-school care for their child(ren).
- f. Parents will be responsible for providing any snacks or meals that the child may need during the program.
- g. Parents and the Supervisor and encouraged to exchange contact information so that communication can occur when circumstances prevent parents from coming at the usual pick-up time.
- h. Parents are required to recognize and respect the values of the Seventh-day Adventist Church and its employees, including the sanctity of the seventh day Sabbath. As the sun may set as early as ~4:30 PM during the winter months, it is imperative the students be picked up by 3:35 PM to ensure that the program supervisor and any volunteers may depart the school with enough time to arrive home and enter into their Sabbath rest.

*\*Extended seasonal hours will be in place when the sunset time on Friday is after 6 PM (approximately September-October and March-June)*

All previously established school and conference policies will apply to the SLA After-School Program.

**Program Sign-Up**

*Please indicate the days of the week for which after school care will be required for your child(ren).*

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

*Names of child(ren) (list below)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$100 deposit paid? Required for access to program    Y    N

I, parent name, agree to abide by the After-School Program policy outlined above.

Parent signature \_\_\_\_\_

Date \_\_\_\_\_