**2016 – 2017**

**POLICIES AND PROCEDURES**

Dear Families,

Thank you for the opportunity to share a wonderful experience with your child through the 21st Century Community Learning Center’s LEAP After-School Program. This letter is intended to communicate the rules and guidelines of the LEAP program, this includes our Behavior Policy. We look forward to meeting you and your child. If you have any questions, please feel free to call (678) 684.2981.

**Objective:** To work hand-in-hand with the Loganville community to provide an after school program in which children have the opportunity to learn and have fun in a positive and safe environment. LEAP understands the benefits of growing in a well-rounded environment.

**Attendance/Check-in Procedure:** Each child will be checked in by the appropriate instructor. If a child is absent from LEAP, we cross check our list with the regular day absentee list. Please send in a written notice, call or send an email to inform us of your child’s absence. **Please note that upon acceptance, your child is expected to attend after school Mon – Thurs., unless there is an emergency. Students absent for 1 week will automatically be deactivated. Parents are asked to notify LEAP coordinator of absences via written letter, email or telephone.**

**Pick-Up:** If students are picked up early, each parent or guardian will need to enter the facility through the main front entrance and sign in at the front desk. Each parent or guardian will sign their child out with the person at the front desk. If someone other than a parent is picking up a child, that person will be asked for a photo ID. Parents must notify the Site Coordinator by phone or in writing if someone other than parents/guardians will be checking their child out early. If a child is not picked up by 5:40 PM and the school has not received a phone call to notify that the parent will be late, LEAP will attempt to contact the parents. If the parents cannot be reached, the emergency contacts will be tried. **If no one can be reached and the site coordinator still has not been notified of the late pick-up, the Department of Social Services will be notified.**

**Car Riders:** Students who are car riders can be picked up near the bus lanes in the back of the school after 5:30pm but no later that 5:40pm. For students being checked out early, parents/guardians must come into the building and show a photo ID to sign the student out.

**Illness:** LEAP reserves the right to release a child if he or she appears too ill to participate in the After School program or considered contagious. LEAP will notify the child’s parent or emergency contact and request that the child be picked up within a half hour. If the child has not been picked up with the allotted time, LEAP reserves the right to take any necessary action to ensure the health and safety of the child. If a child has a fever, the child is not permitted back to the program for 24 hours after the fever has subsided.

**Disease:** Parents must inform LEAP within 24 hours or the next business day if the child or any member of the family has developed a reportable communicable disease. Life threatening diseases must be reported immediately.

**Parent/Guardian Consent and Agreement:** *In the event I cannot be reached in an emergency, I hereby give permission to the appropriate medical personnel, selected by the Site Coordinator, to provide medical treatment deemed necessary by such personnel. Also my signature below signifies that I give permission for my child to be transported by the LEAP After School Program if needed.*

*In consideration of the participant being permitted to enroll in the program, I hereby release, indemnify, and hold harmless LEAP, its employees, operators, counselors and instructors from any and all claims and demands, costs, charges, and expenses for harm, injury, damage, or loss which may be sustained by the participant as a result of or relating to participation in LEAP.*

***I have read and understand the above policies and procedures.***

**Parent/Guardian Signature** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**