

Moore's Mill Intermediate School

Daniel Evans, Principal

dlevans@mcssk12.org



Motivate. Imagine .Learn. Lead

Amy O'Dell
M.I.L.L., Director
Summer Enrichment Program
aodell@mcssk12.org

Dear Families,

Welcome to the M.I.L.L.!

Moore's Mill Intermediate School 2018 June Summer Camp

Please familiarize yourself with the information in this enrollment packet. The Summer Camp will focus on STEM activities in environmental science. Our program is staffed to care for incoming fourth grade students, fifth and sixth grade students. There will be time for technology, physical activities, learning activities, social interaction, and creative projects. Three days will be spent at school doing fun STEM activities including aquaponics. The other two days we will go on fieldtrips including swimming.

Please return the application form with the first week tuition. The first week's tuition is due by May 25th. We have limited openings, so it will be on a first come, first serve basis. Camp is offered June 4th through June 29th. We will accept only 25 students.

Thank you for your interest in the program. Please feel free to contact Amy O'Dell if you have any questions. I welcome your comments and look forward to working with your child and family in the Summer Camp.

Sincerely,

Mr. Daniel Evans, Principal

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SUMMER ENRICHMENT PROGRAM

POLICY AND PROCEDURE MANUAL

POLICIES:

The program is equipped and staffed to care for incoming fourth grade students, fifth and sixth grade students. Students may be enrolled three to five days per week, if the days they attend are consistent each week. **We require a two-week notice of withdrawal from our program. All fees will be charged until we receive notification of withdrawal. Drop-in service will not be available.**

HOURS OF OPERATION:

The Summer Daycare Program will begin on **Monday, June 4, 2018, and will end on Thursday, June 29, 2018.** Students may arrive **at 6:30 a.m.** Enter through the door on the North side of the building under the covered drive-thru. You must sign-in your child each day. Please notice fieldtrips are scheduled at different times. Please have your child signed in 30 minutes before fieldtrips are scheduled.

All students are to be picked up **by 5:45 p.m.** **Failure to do so will result in a fine and/or termination of services. There is a fine of \$1.00 per child for every minute past 5:45 p.m.** Nonpayment of late fees could result in termination of services. **If you are repeatedly late, your child will be removed from participation in the program.**

HEALTH AND SAFETY:

If your child becomes ill or injured while attending our Summer Daycare Enrichment Program, he/she will be isolated and you will be notified to pick the child up immediately. **All information concerning the child's personal and medical information should be kept updated and current.** Any changes or updated information should be reported to the Summer Daycare Enrichment Program Director. If your child should require medication to be administered by our staff, **we must have a medication release form signed by your doctor.**

The Summer Daycare Enrichment Program does not offer accident insurance on the children enrolled in the program. An additional insurance policy is available through an independent company and detailed information regarding this policy can be obtained through the school office. A signed release statement must be on file for each child.

Children may not leave school premises until they have been released to a responsible adult. **Your child will be released only to those authorized on the child's registration form.** In an emergency, *written* notification for your child to leave with someone else should be given to the Summer Daycare Enrichment Program Director.

All children will be expected to follow the dress code established by the Madison County Board of Education.

EMERGENCY PLAN / CANCELLATION OF ACTIVITIES:

1210 Walker Lane

New Market, AL 35761

(256) 851-4700

Fax: (256) 851-4701

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Drills during the Summer Daycare Enrichment Program will be conducted periodically. An emergency plan of action has been developed and will be followed in the event of a tornado warning, storm warning, fire, etc. Should the child need to be checked out during one of the described conditions, it is required that the child be checked out directly with the supervising personnel.

If schools are closed due to holidays or inclement weather, the Summer Daycare Enrichment Program will not offer services and no fee will be charged for these days.

DISCIPLINE:

Discipline of children shall be consistent and fair. All limits and rules are expected to be followed. No corporal punishment will be allowed. Procedures will be taught and it is our expectation that students will follow procedures to ensure a safe place where everyone is treated with kindness, courtesy, and respect. **Students who refuse to follow procedures will be dismissed from the program.**

SNACKS/MEALS:

A snack will be provided each day at approximately 3:00 PM. **Any spending money for fieldtrips will be the responsibility of your child.** Lunches may be purchased at some fieldtrips.

If your child has any "food related" allergies, this should be on file with the Summer Daycare Enrichment Program.

INCOME TAX INFORMATION:

Please retain all receipts. The Madison County Board of Education Federal Tax Identification number is **63-6000974**. However, the director will give you a total of your daycare payments at the end of the year.

TUITION/FEES:

Tuition/activity fees are due on Monday of each week, however, if your child does not attend our camp on Monday, your tuition/activity fee will be due on the first day of the week that they attend. These fees are non-refundable. **Your activity fee must be paid regardless of attendance. A late fee of \$5.00 per child will be charged if payment is not received on Monday.** Children will be dismissed from the program after two weeks of non-payment of fees. Checks should be made payable to the school. It is the responsibility of the parent to have correct change when making cash payments. All checks should have the following information written/printed on them:

- Student's name
- Your name, address, and phone number
- The week for which you are paying
- Post-dated checks cannot be accepted

All fees are payable as scheduled regardless of attendance. Exemptions from payment will be given only for death of an immediate family member or illness involving one week or more in duration. Students must have a doctor's note for exemption to be approved.

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A FEE OF \$30.00 WILL BE CHARGED FOR EACH RETURNED CHECK.

The payment schedule is as follows:

FULL DAY – SUMMER CARE

	5 DAYS	4 DAYS	3 DAYS
1 STUDENT	\$80.00	\$64.00	\$48.00
2 STUDENTS	\$70.00	\$54.00	\$38.00

Tuition schedule does not include the price of the field trips. Refer to activity calendar.

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SUMMER PROGRAM REGISTRATION FORM
2018

Student's Name _____
Home Address _____

Grade: _____ Teacher: _____ Date of Birth: _____

Mother's Name: _____ Employer: _____
Phone #: _____ Work #: _____
Can you receive text messages? Yes No

Father's Name: _____ Employer: _____
Phone #: _____ Work #: _____
Can you receive text messages? Yes No

Emergency Information (2 contacts other than yourself are required):

If my child is ill or has an emergency and I cannot be reached, please call and release my child to:

Name	Phone #	Relationship
1.		
2.		
3.		

Medical Conditions:

Allergies:

Physician's Name _____ Phone #: _____
Medical Insurance Carrier _____ Policy #: _____

PARENT MUST CHECK ONE STATEMENT BELOW:

In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical/hospital care including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs as a result.

I do not choose the above statement and desire the following action in the event of an emergency:

Parent Signature: _____ Date: _____

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GENERAL HEALTH INFORMATION

STUDENT'S FULL NAME: _____

Please check all that apply to this student:

VISION:	___ Wears glasses	___ Wears contacts	How often?
HEAIRNG:	___ Has a hearing problem	___ Has tubes in ears	___ Has a hearing aid

Asthma

ADHD

Epilepsy

Fainting spells

Heart condition

Migraines

Allergies

Weak stomach

Other:

List medications below:		
Medication	Current dosage	Check here if this is a prescribed medication.

Due to limited nursing coverage, you are encouraged to ask your physician to prescribe dosage intervals that fall outside of Summer Daycare program hours. The Summer Daycare program does not have access to medication stored in the clinic.

Safety is a priority. No student enrolled in the Moores Mill Intermediate School Summer Daycare Enrichment Program will be released from the program without a parent/guardian signature or that of one of the individuals named below. These individuals must be someone who is 18 years or older.

Name	Phone #	Relationship
1.		
2.		
3.		

IS THERE ANYONE WHO SHOULD NOT PICK UP YOUR CHILD? IF YES, PLEASE LIST THE NAMES:

Parent Signature: _____ Date: _____

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**SUMMER PROGRAM 2018
ACKNOWLEDGMENT OF RECEIPT**

PLEASE CHECK THE APPROPRIATE BOXES BELOW. A 3 day minimum is required.

DAYS MY STUDENT WILL ATTEND:

Monday

Tuesday

Wednesday

Thursday

Friday

I have received a copy of the Moores Mill Intermediate School Summer Daycare Care Program policies and agree to comply with all rules and regulations. I understand that the Moores Mill Intermediate School Summer Daycare Care Program does not have accident/medical insurance on my child and I assume full responsibility for any and all medical expenses incurred due to injury while in the program.

I understand that all tuition and fees for the Moores Mill Intermediate School Summer Daycare Care Program are due on Monday of each week and that a late fee of \$5.00 will be added for any late payments. I also understand that all tuition and fees are to be paid regardless of attendance.

Student's Name:

Parent/Guardian Signature:

Date:
