A picture containing drawing, computer

Description automatically generated

Dear Parents,

It is our sincere pleasure to welcome your child to Lydia’s Bowels of Mercy Home, Inc. Afterschool Program. We are looking forward to an exciting year filled with awesome educational activities. All of our staff and volunteers have undergone a SLED background check, and we have a Registered Nurse on staff who is certified in CPR and ER nursing.

Academics are our primary concern, however; we also want to have fun while learning. We have a retired teacher as Education Coordinator who will work with your child to improve MAP and SC Ready scores. Our program strives to keep your child on track during the school year. Our focus is Reading, Math and Science (STEM) for students in grades 1-8. We will have speakers, cultural events and field trips.

**Registration is scheduled for Wednesday, July 29, 2020 and Thursday July 30, 2020 during Elementary and Middle school Registration.**

Thank you again for allowing Lydia’s Bowels of Mercy Home, Inc. Afterschool Program an opportunity to work with your child this coming school year.

Sincerely,

Judith Rich, Educational Program Director

*Doctor Barbara Black, DOD-* *Founder/CEO*

*Tannesha Clements, COO*

Lydia's Bowels of Mercy Home, INC.

Fondly known as ***"Lydia's Nest"***

Email: [lydiasnest@yahoo.com](mailto:lydiasnest@yahoo.com)

Web: <https://www.lydiasnest.wixsite.com/helpcenter>

Linked In: <https://www.linkedin.com/in/lydiasnest>

Instagram: <https://www.instagram.com/lydiasnest3/>

Facebook: [www.facebook.com/lydiasnest/about](http://www.facebook.com/lydiasnest/about)

**REGISTRATION FORM**

**Child’s Name**

Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial\_\_\_\_\_\_\_\_

Gender Male\_\_\_\_\_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Johnsonville, SC 29555

School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reading Level\_\_\_\_\_\_\_\_\_\_\_\_ MAP Score\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SC Ready/ SC PAS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN – CONTACT INFORMATION**

First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Johnsonville, SC 29555

Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person responsible for payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to pay a fee of **$30.00** a week for the afterschool program.

**EMERGENCY CONTACT INFORMATION/ALTERNATE PICKUP/RELEASE**

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The purpose of the following information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.**

Is your child presently being treated for an injury or illness, or taking any form of medication for any reason?

Yes\_\_\_ No\_\_\_ If yes please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_\_ No\_\_\_ If yes please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL EMERGENCY RELEASE**

I understand that I will be notified in the case of medical emergency involving my child. If I cannot be reached, I authorize the calling of a Certified Emergency Personnel: (i.e. EMT, First Responder and/or Physician) and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent’s/Guardian Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that in case of an injury to my child, I will apply my hospitalization and or accident insurance towards payment providing there was no negligence on the behalf of Lydia Bowles of Mercy Home, Inc.

Parent’s/Guardian Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO RELEASE**

I hereby give permission for my child to be photograph during the Lydia Bowles of Mercy Home, Inc. Afterschool program. I understand the photos will be used to keep a journal of activities, to share during PowerPoint presentations and/or reports to our donors and or for promotional purposes including flyers, brochures, newspapers, and on social media. I understand that although my child’s photographs may be used for advertising, his/her identity will not be disclosed.

Parent’s/Guardian Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION RELEASE**

I hereby give permission for the transportation of my child for official Lydia Bowles of Mercy Home, Inc. After School Program activities by modes of transportation agreed to by the Program organizers.

Parent’s/Guardian Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lydia Bowles of Mercy Home, Inc. After School Program is not responsible for lost or damaged personal property. All scheduled events are subject to change.

Parent’s/Guardian Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do not wish for my child to participate in the holiday activities. He /she will be allowed to spend extra time in the media center or on the computer.

Parent’s/Guardian Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child may participate in the holiday activities.

Parent’s/Guardian Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Field Trip Permission Slip**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend field trips that Lydia Bowles of Mercy Home, Inc. schedules. Information for scheduled trips will be sent out at least two weeks before outings.

I understand that I will need to provide money to pay for the cost of the field trip and any additional expenses for food/treats/games that my child may request. I have read, understand and I agree to the terms listed.

Is your child allergic to any foods or other allergens? Yes\_\_\_ No\_\_\_

If yes please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Authorization**

I agree that in case of injury to my child, I will apply my hospitalization and/or accident insurance toward payment providing there was no negligence on the behalf of Lydia’s Bowles of Mercy.

Parent/Guardian’s Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lydia’s Bowels of Mercy Home, Inc. Afterschool Program will coincide with Florence County District Five School Calendar.**

**DEPOSIT**

A deposit of one week’s tuition is required upon enrollment. The deposit will be applied to the tuition for the last week the child attends.

**TUITION/ATTENDANCE**

Your fee will remain the same per week regardless of absences unless prior arrangements are made with the program Director.

Tuition is paid weekly. The fact that there will be holidays and absences due to illnesses has been figured into the overall tuition charges and does not change the tuition rate for a single week. These days may not be used for credit.

Tuition is due in advance, payable by Friday morning for the following week, by check or money order. Late payments must be accompanied by a $10.00 late charge. Dishonored checks must be replaced and must be accompanied by a $35.00 fee. After a second occurrence, only cash or money order will be accepted as payment. Accounts two weeks in arrears will result in immediate dis-enrollment.

**Early Release**

Students may come to the program in cases of Early Release from the schools. **There is no charge for early release time. However, children must still be picked up by 4:30.**

**TRANSPORTATION**

As of date, children must be transported to the program by the district school bus, and from program by parents or designated emergency person.

Program staff is unable to transport children to and from home. In such case of an emergency, please contact center Director or Assistant Director for special arrangements. With such arrangements, a waiver and sign of release must be signed and kept on file at the center.

**PICK-UP TIME**

All children must be picked up by 4:30 PM.

In case of an emergency, please have a designated emergency person pick up your child.

**There will be an additional $5.00 per minute charged after 4:40 PM. Program staff leaves at 5:00 pm.**

**YOUR RESPONSIBILITY AS A PARENT OF**

Lydia’s Bowels of Mercy Home, Inc.

Afterschool Program

* To work with the Director and staff in a cooperative way.
* To guide your child with firmness which is both loving and protective.
* You or your designated person to pick up your child in a timely manner.
* To treat center staff with kindness and respect.

**YOUR RIGHTS AS A PARENT OF**

Lydia’s Bowels of Mercy Home, Inc.

Afterschool Program

* To be welcomed into the Program.
* To choose a quality program for your child.
* To be informed regularly of your child’s progress.
* To always be treated with respect and kindness.

**CODE OF CONDUCT**

**WE ARE A NO BULLYING PROGRAM**

**WE CANNOT ALLOW CHILDREN TO BE HARMED PHYSICALLY OR EMOTIONALLY**

The program staff will use the following practices as effective teaching methods of discipline:

* PRAISE…for positive behavior.
* REDIRECTION…for negative behavior. Redirect the child from inappropriate behavior to another activity.
* TALKING ONE ON ONE WITH CHILD…Discussion about the rules and how the rules apply will remind the child of positive behaviors.
* TIME OUT…removal of child from activity. One minute per year of age.
* Time out is used when his or her behavior is harmful to themselves or to others.
* Discipline involves teaching these approaches in children that are effective in the program and the home.

**SUSPENSION/EXPULSION:**

Your child may be suspended/expelled from the program if:

* he/ she intentionally physically/emotionally abuses another child or program employee;
* if the child abuses program property;
* if your child brings guns, knives or any other object that may be used as a weapon;
* direct disrespect to a program employee, physical and/or verbal;
* leaving the premises without permission from an advising adult;
* fighting and/or vulgarity;
* having/using illegal substances:
* non-payment of after school fees.

I have read and understand the **Code of Conduct** and sanctions for violating the **Code of Conduct**. I understand that my child’s compliance with the **Code of Conduct** is a condition of his or her participation in the program. I agree that the sanctions for violating the **Coded of Conduct** are reasonable and will help my child comply. Fees paid are non-refundable of **Code of Conduct** is violated.

Parent’s/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FYI**

**FIRST AID**

Necessary minor first aid will be administered by staff persons in case of sudden accident or illness. The program staff is certified in infant/child CPR and First Aid. Parents will be notified immediately in case of a major accident or illness.

**NUTRITIONAL SERVICES**

Lydia’s Bowels of Mercy Home, Inc. Afterschool Program adheres to the United States Department of Agriculture (USDA) recommended guidelines for healthy children when planning menus.

To assist in meeting the daily nutritional needs of our children each child will receive a healthy snack. Children are encouraged but not required to try new foods, talk about foods and practice good table manners.

**COVID-19 CORONAVIRUS**

C& Staff will practice social distancing, frequent handwashing, and sanitation. We would like for each child to wear a mask. If your child does not have one, one will be provided. We want parents to feel comfortable in knowing that we are doing our part to keep your child safe. Program facilities will be sanitized on a regular basis.

**HOLIDAYS**

In this school year we will make craft items and do activities for the following: Birthdays, Halloween, Thanksgiving, Christmas, Valentine’s Day, St. Patrick’s Day, Easter, Mother’s Day, and Father’s Day. We will also discuss how different cultures celebrate holidays.

We do not wish to offend anyone, nor allow your child to do something that may be contrary to your beliefs. If you do not wish for your child to participate in these activities, he/she will have alternative activities.

We want the best for your child and would not do anything that may strain our relationship.

**Schedule**

**2:00-2:30 Arrival of Elementary Students**

**Snacks Provided**

**2:30-3:00 Activities/Homework**

**3:00-3:30 Arrival of Middle School Students**

**Snacks Provided**

**3:30-4:20 Homework / Activities**

**4:20-4:30 Clean-up/ Dismissal**