



THE ALPHABET CLUB INFORMATION 2021-2022

Dear Parents,

Christian Community school is excited to be offering a before and after school child care service(The Alphabet Club) for children in preschool through 10th grade. This is the second year for this program that will run through the 2021-2022 school year. The child care program will be located in the Cafeteria at Christian Community School. Drop off and pick up will happen at the front door of the building, aka the Preschool Door. Upon arrival for pick up, you will message Alphabet Club, via Parent Square and the onsite care provider will bring out your child(or children).

The Alphabet Club will be available each morning at 7am until school begins at 8am. In the afternoon hours are from 3pm to 5pm. You may drop off or pick up your child (or children) at your convenience during these hours. Children may attend both sessions. It is your option as to daily or weekly needs. In order to best plan activities and snacks we ask that the schedule be set 2 weeks in advance. Last minute add ons due to emergencies are allowed and understood. **This program is not in operation any days that the school is not in session. The morning portion of the program is not in operation on days that there is a 2 hour delay.**

The cost of this program is currently \$5 per hour per child. A per family admin fee of \$30 is required but \$20 of it will be put in your account towards your first few hours of care. You will prepay for the hours of care needed 2 weeks in advance. The coordinator, Krista Smith will keep record of each family's account balances and provide weekly updates. The time can be tracked to the quarter hour. A snack will be provided at the after school session, if you would like to send a morning snack for your child to eat before school feel free too. If you would like to send a snack to share please contact the Coordinator first to verify allergies as well as proper distribution. If you are interested in using this service, please complete the registration form, attach the required admin fee and return it to The Alphabet Club coordinator or the Main Office. All checks should be made to Christian Community School with The Alphabet Club in the memo.

CCS is so excited to be offering this program for another school year. The Alphabet Club will follow school guidelines as it pertains to mask wearing and social distancing. If you have any questions feel free to contact the coordinator, Krista Smith, her contact information is below.

In Christ,

Christian Community School

Coordinator Contact Information: Cell phone: 440-391-3743 Email: ksmith@christiancommunityschool.org



The Alphabet Club updates and requirements

- Provide Schedule 2 weeks at a time
 - Last minute add-ons due to an emergency are understandable and allowed however; to help with planning activities and snacks please provide an advanced schedule
- Make changes or updates 24 hours in advance
 - If a cancellation is not made within the above timeframe then the family will be charged for the time
- There should be enough funds in the families account to cover the upcoming weeks care needs or care will not be available to them
- There must be at least 4 students available for the hour or Alphabet Club cannot be open
- We charge based on the quarter hour

By signing I understand the above updates and requirements. I understand that to make The Alphabet Club before and after care program a success these things need to be followed as well as possible.

Parent Signature: _____ Date: _____



THE ALPHABET CLUB REGISTRATION FORM

(1st)Child's Name:_____ Grade:_____

(2nd)Child's Name:_____ Grade:_____

(3rd)Child's Name:_____ Grade:_____

(4th)Child's Name:_____ Grade:_____

Parent(s) Name:_____ Home Phone#:_____

Address:_____

Email(s):_____ Work Phone#:_____

In case of an emergency and parents cannot be reached, please call:

Name:_____ Phone#:_____ Relationship:_____

Name:_____ Phone#:_____ Relationship:_____

MEDICAL INFORMATION

1. List any special medical situations and/or allergies: _____

2. List any medications currently being administered to the child: _____

3. Child's physician or clinic:_____ Phone#:_____

The following is authorized to pick up my child (children) from The Alphabet Club:

Name:_____ Relationship:_____

Name:_____ Relationship:_____

Name:_____ Relationship:_____

ANTICIPATED USE OF THE PROGRAM (Please circle appropriate sessions and days)

Morning DROP OFF Time:_____ ALL DAYS or M T W TH F

Afternoon PICK UP Time:_____ ALL DAYS or M T W TH F

Parents Signature:_____ Date:_____