



900 Adam Drive
Chillicothe, MO 64601

Rachael Holloway
Coordinator
660.734.1619
rachael@cornerstonechurch.cc

Dear Parent:

Thank you for your interest in Cornerstone After School Club. We are really looking forward to getting to know your families and working with you this year. At Cornerstone After School Club, we want to create a fun and inviting place for your child to play after a long day at school. We also understand that your child is probably also involved in several other evening activities; therefore, we will provide a room where your child may work on homework. Someone will be of assistance to help your child with his/her work. Our mission is to provide a fun and nurturing place for your child to play and develop friendships in an after school setting.

Please feel free to contact us for more information. If you would like to tour our facility or meet with us, please call for an appointment at 660.734.1619 or contact me through email.

Sincerely,

Rachael Holloway
Cornerstone After School Club Coordinator
660.734.1619
rachael@cornerstonechurch.cc

Quick Facts

1. **Activities:** The After School Club meets in the Junction K5 room of Cornerstone Kids Town. This room is equipped with a slide, pool table, air hockey, Play Station, and Wii. There is also a room where your child may work on his/her homework. We will also provide board games and other activities. On days that we provide all day care, we may also be using our Event Center, where your child can play basketball, volleyball, kickball, and other fun games. **(Please see Release of Liability)**
2. **Transportation:** The Chillicothe R-II School District will bus your child to the facility. Please make those arrangements with the school and bus barn at the beginning of the school year.
3. **Snacks:** We provide a healthy after school snack for your child every day. Snacks will usually consist of pretzels, cheese crackers, fruit, animal crackers, cereal bars, or granola bars. If your child has any food allergies, then please let us know.
4. **Early Dismissal/Teacher-In Service Days:** On days that the Chillicothe R-II school district dismisses early or is not in session due to teacher meetings, we will be open. If school is out for the entire day, our hours will be 7:30-5:30. In order to cover lunch and other expenses, we will charge an additional \$10 for full day care. No additional fee for early out days.
5. **Snow Days:** As long as our employees can safely make it to work, we will be open for snow days. You will be notified in case of a closing. In order to cover lunch and other expenses, we will charge an additional \$10 that day. No additional fee for early out days.
6. **Hours of Operation:** Cornerstone After School Club is open until 5:30 PM every school evening. **There will be an additional fee of \$1.00 per minute if your child is picked up after 5:30 PM.** This fee is due when picking up your child. Your child may not return until all late pickup fees are paid.
7. **Payment:** Fees are \$30 per week per student. **For full-time students, your checking or savings account will be debited every 2 weeks for the current and following week's charges (\$60).** Please complete the enclosed ACH Debit Authorization Form and return with your child's enrollment form. In the event that any debit is declined by your bank, a \$30 cash fee will be due in addition to the amount of the debit. Your child may not return to ASC until the account is paid in full. **If you pay with check, your payment must be received a month in advance!**
8. For drop-in students, care is \$10 per day, or \$20 for a full day of care, to be paid **ON THE DAY OF CARE**. If your child is here three or more days in a week, you will be charged only the weekly rate of \$30. If payment is not made on the day your child attends ASC, he/she will not be allowed to return until payment is received. **You must call to inform ASC that your child will be attending as a drop-in so that we may arrange for adequate staffing.** It is very important that we have enough staff to care for your children properly. You may call Rachael Holloway at 660.734.1619 to inform us that your child will be attending as a drop-in. Drop-in students will not be required to enroll in the ACH Auto Debit payment method unless they desire to do so.



2016 – 2017 Calendar

August 18 – First Day of School

September 5th – Closed for Labor Day

September 30 – Early Dismissal (Homecoming)

October 10 – All Day Care Provided (Teacher In Service)

October 20- Early Dismissal (PTC)

October 21 – All Day Care Provided*

November 23 – All Day Care Provided*

November 24-25 – CLOSED for Thanksgiving Break

December 2 – Early Dismissal

December 21 – Early Dismissal (End of 2nd Quarter)

December 22- All Day Care Provided*

December 23 – January 2 – CLOSED for Christmas Break

January 3- All Day Care Provided* (Teacher In Service)

January 16 – All Day Care Provided* (MLK Day)

February 20 – All Day Care Provided* (President's Day)

March 10 – All Day Care Provided* (Teacher In Service)

April 14 – All Day Care Provided* (Easter Break)

April 17- All Day Care Provided* (Easter Break)

May 16 – Last Day - Early Dismissal (depending on Snow Days)

Please remember that an additional \$10 is charged on this day for full-time students or \$20 per day for drop-in students.

THIS PAYMENT IS DUE THE DAY CARE IS PROVIDED



After School Club Policies

Reminder:

- Violence WILL NOT be tolerated and repeated behavior can lead to dismissal of the program
 - No electronics unless authorized by club coordinator
 - Shoes and socks are to remain on students
 - LATE FEE: \$1 per minute, per child after 5:30PM

CORNERSTONE AFTER SCHOOL CLUB
Child Enrollment Form

Child's Full Name: _____ Sex: ____ Birthdate: _____

Address: _____ Home Phone: _____

Mother's Name: _____ Work Phone: _____

Employed By: _____ From _____ to _____
Hours of Employment

Address: _____

Father's Name: _____ Work Phone: _____

Employed By: _____ From _____ to _____
Hours of Employment

Address: _____

Emergency Contact(s) (other than parent(s) or doctor):

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Person(s) authorized to take child from the After School facility:

Name: _____ Name: _____

Comments on child's development: (note allergies, habits, etc.)

Cornerstone After School Club admits students of any race, color, and national or ethnic origin.

Authorization for Emergency Medical care

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care with the physician of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Rachael Holloway, Chad Mayne, Amy Faulkner, Judi Hundley, Barb Bernskoetter, or any employee, to call 911 if necessary, or to **contact Doctor:**

Name: _____ Phone: _____

Address: _____

Agreements

A. The Cornerstone After School Club and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.

B. When my child is ill, it is understood and agreed that s/he may not be accepted for care.

Parent/Legal Guardian Signature

Date

To be completed by After School Club Office

Admission Date: _____

Notes:

Enrolled Form Received: _____

Immunization Record Received: _____

ACH DEBIT AUTHORIZATION FORM
AUTHORIZATION AGREEMENT
FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

I (we) hereby authorize Cornerstone Church (Cornerstone After School Club) to initiate debit entries to my (our) account as indicated below at the financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name _____ **Branch** _____

City _____ **State** _____ **Zip** _____

Routing Number _____

Account Number _____

Checking Account _____ or **Savings Account** _____ (select one)

\$60 bi-weekly, plus an additional \$10 for full days, (example: snow day, teacher inservice day, etc.) will be debited no sooner than the week of August 17, 2015. **In the event that any debit is declined by your bank, a \$30 cash fee will be due along with the amount of the debit, in cash. Your child may not return to ASC until paid in full.**

Please attach a voided check for account verification purposes.

This authorization is to remain in full force and effect until Cornerstone Church has received written authorization from me (or either of us) of its termination in such time and in such manner as to afford Cornerstone Church and the bank a reasonable opportunity to act on it, or the end of the current school term, whichever comes first.

Name(s) _____
(Please Print)

Date _____ **Signature(s)** _____

Phone _____

Note: This authorization may be revoked by notifying Cornerstone Church.

**Cornerstone After School Club
Release Form**

Child's Name: _____

The Cornerstone After School Club strives for a fun and safe environment for your child.

Injuries and damaged/stolen property can still occur even under the most careful supervision.

Please read and sign the document below in consideration of the risk and full acknowledgment that Cornerstone is not liable in the instance that these events may occur.

In consideration of the above child ("child") being permitted to participate in the
Cornerstone After School Club of the Cornerstone Church of Chillicothe, Incorporated:

1. I waive, release, discharge and covenant not to sue the Cornerstone Church of Chillicothe, Incorporated, its officers, trustees, other volunteers and employees (collectively called "Cornerstone") from the child's participation in this after-school program, including transportation and the seeking of medical attention, even though the liability may arise out of negligence of Cornerstone.
2. I understand that the child is not required to participate in this program, but grant permission for him or her to do so, despite the possible risks. I recognize that by participating in this program, as with any activity involving children, the child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this program, and that I assume any loss, cost, or expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I agree to waive and relinquish all claims on behalf of the minor child that the minor child may have against Cornerstone.
3. I expressly agree that the foregoing release, waiver and indemnity is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and that if any portion of it is held invalid, it is agreed that the balance shall continue in full force and effect.
4. I understand that no oral representations, statements, or inducements have been made to me.
5. I understand that Cornerstone is not including coverage for the child or guaranteeing to the child any insurance coverage of any kind. If any insurance is provided by Cornerstone, it may be cancelled, changed, increased or decreased at any time by Cornerstone at its sole discretion.
6. The undersigned represent that they are the parent/s or legal guardian of the above-named child, a minor, and in consideration of Cornerstone permitting the minor to

participate in the after-school program; consent to and agree to be bound by the terms of the above Release Form in regard to said minor.

7. This instrument shall be binding upon the undersigned, their spouse, co-parents, their heirs, personal representatives, successors and assigns.

I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____