

James Island Presbyterian
After School Program
2020/2021
START DATE: 9/28/2020
Harborview Elementary, Stiles Point, James Island Elementary

Registration fee \$85.00 per family

Weekly fee \$85.00 per child

- Online payment only www.jamesislandpresbyterian.org
- Registration fee must be paid before enrolment can be processed.
- Weekly payments must be made the FRIDAY prior to the Monday of each week. A late fee or \$15 will be added on Tuesday.

Hours of Operation 2:30pm-6:00pm (M-F)

All Day ASP (public school holidays/teacher workdays)

- October 16 (half day) pick-up from school - 6:00pm
- October 23 (half day) pick-up from school - 6:00pm
- November 3 (election day) 7:00am-6:00pm
- November 23,24,25 7:00am-6:00pm
- December 21,22,23,28,29,30 7:00am-6:00pm
- February 5 7:00am-6:00pm
- February 15 7:00-6:00pm
- March 12 pick-up from school – 6:00pm
- April 2 (Good Friday) pick-up from school – 1:00pm
- April 5-9 Spring Break Camp 7:00-6:00pm
- June 18 pick-up from school – 6:00pm

Center Holiday Closures

- November 26,27 Thanksgiving
- December 24,25 Christmas
- December 31 January 1 New Year
- May 31 Memorial Day

In order to make communication easier, we have started using a mass communication service known as Remind. It is a free service that enables us to easily notify all parents about any important information. To become a part of this messaging system, please type in the link:

Remind.com/join/louiseco

Follow the on-screen instructions and you will be automatically added to our class “James Island Presbyterian CCC/ASP/SDC”. If you have any questions, please feel free to ask. Thank you.

Louise@jamesislandpc.org
Director, Children’s Services

Nicole@jamesislandpc.org
Program Manager ASP/SDC



James Island Presbyterian Children’s Programs

www.jamesislandpresbyterian.org

(843)795-3137

James Island Presbyterian
After School Program



Cleaning/safety –

Cleaning and disinfecting of playground equipment will be done daily.

Frequently used toys and touched surfaces will be cleaned/disinfected throughout the afternoon.

The center will be cleaned and disinfected nightly by the professional cleaning company.

Masks will be worn by all adults and staff inside and outside of the building.

Handwashing will be conducted frequently throughout the afternoon by staff and children.

We will take every action to protect the health of your child. Please be aware that there are factors outside of our control which prevent a guarantee that infection will not occur. As your child will now be exposed to other children and adults, it is recommended that he/she be isolated from family members/friends who are considered to be at high risk from exposure to coronavirus.

After-School Program COVID-19 guidelines:

- A person infected with COVID-19 is considered contagious starting 48 hours prior to the onset of their symptoms or two (2) days before the specimen for the test was collected if they had no symptoms.
- Any close contacts to the case of COVID-19 during the time they are considered contagious will be required to quarantine at home for 14 days after their last contact with the case.

Indirect Exposure to COVID-19	<ul style="list-style-type: none">• Monitor for symptoms.
Direct Exposure to COVID-19 within a classroom	<ul style="list-style-type: none">• ASP will be closed for 14 days• Children and staff will be recommended to self-isolate at home for 14 days.

Students MUST wear a MASK



James Island Presbyterian After School Program
2020/2021 School Year

Child's Name: _____
Birth Date: _____ Sex: _____ Grade: _____ School: _____

Parent/Legal Guardian Information

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Cell # _____ Work# _____

Email _____

Father's Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Cell # _____ Work# _____

Email _____

Person authorized to receive child from the program (other than parents):

Name, Relationship & Phone # _____

Name, Relationship & Phone # _____

Name, Relationship & Phone # _____

Medical Information

Preferred Hospital: _____
Allergies: _____
Medications: _____
Special Medical Info: _____

Person to contact in the event of an emergency (other than parents):
Name, Relationship & Phone # _____
Name, Relationship & Phone # _____
Name, Relationship & Phone # _____

PARENT AGREEMENT

I hereby give my consent and authorize the James Island Presbyterian After School Program (JIPASP), that as long as my child(ren) under my guardianship is (are) enrolled therein, in the event of an emergency (illness or accident) and we as parents have been unable to be contacted, to take our child(ren) to the hospital or certified medical clinic when deemed necessary by JIPASP staff. I specifically give permission for any necessary professional medical treatment, including X-rays, the admission of anesthetics, surgical care or hospitalization, with the understanding that continuous efforts will be made to contact us. I further authorize the staff of the JIPASP to take my child(ren) on supervised and pre-arranged/pre-announced excursions and field trips. I also give my permission to the JIPASP to use photographs of my child(ren) for publicity purposes without remuneration. I also release, indemnify and hold you, your agents and employees harmless from any and all claims, damages or other liabilities of injuries to or damage by my child(ren) which are not a result of negligence by the JIPASP, its agents or employees. Should an attorney or agency be used by the JIPASP for the collection of funds I owe the program for past services, it is understood that I shall be liable for all costs and attorney fees. Finally, I hereby warrant to the JIPASP that I am entitled to legal custody and possession of my child(ren), and accordingly am authorized to place my child(ren) in your care and custody, and further, am authorized to sign this agreement.

(Parent/Guardian Signature)

(Date)