



Welcome to our Compass Montessori School After Care Program at Wheat Ridge!

We have been working hard to get our After Care Program up and running, and we are excited to get back with the children. Please read this packet carefully, and complete the form(s) below if you wish to register. If your child needs emergency or routine medications while in After Care please fill out the attached Health and Emergency form below, in addition to the After Care Agreement.

If you'd like to register your child(ren) for the After Care Program at Compass, you **MUST** complete the form(s) below and return them to Amy Ball **BEFORE** your child attends the After Care Program. The first day your child(ren) can attend the After Care Program is on Tuesday, **September 8, 2020**. (Please return forms no later than this day.) After Care hours are 2:45 PM - 5:45 PM. (please see more info below)

Here are some helpful tips for attending the After Care Program.

Sign In: Children will be taken to After Care by their classroom teacher each day and signed in by our staff. ****Please be sure to indicate After Care (AC) when dropping off your child in the morning to the staff member signing them in.***

Symptom Screening: Each child will have a temperature check by staff during the sign-in transition. If your child has any of these symptoms (ie fever above 100.4, difficulty breathing, cough, vomiting, diarrhea, etc) the parent will be called immediately in addition to our Children's Hospital nurse. If your child has any of the symptoms and is sent home, they should not attend until symptom-free.

Snack: We will provide a snack for the children daily. If your child has food allergies please reach out to me ASAP so that we are able to meet their needs.

Activities: Children will participate in both indoor and outdoor activities, weather permitting. Please do not send toys from home. We will provide sunscreen for all children unless parents specify otherwise when we participate in outdoor activities.

Masks: The CDC recommends that we wear masks with two or more layers, and that masks should easily cover the nose and mouth and fit securely under the chin. We also

recommend that you send “one to wear and one to spare” for each child. Please do not send bandanas as a mask, and be mindful of masks that are school-age appropriate (no inappropriate graphics, etc).

Staff are required to wear a mask or facial covering at all times. Adult family members and anyone over the age of three will need to wear a mask during drop-off/pick-up. We encourage families to allow children practice wearing a mask before school starts, as this will help them feel more comfortable with it.

Water bottles: Children will need to come to school with a water bottle. If your child will be attending After Care, they will be expected to bring their water bottle from the classroom to After Care and water bottles will be sent home when the child goes home.

Sign out: Parents will ring the bell at the front door and will then wait in the foyer while their child is brought to them. If someone other than the parent is picking up your child that person will be required to show ID, and we ask that the parent let us know ahead of time.

Medications: If your child needs emergency or routine medications while in aftercare please fill out the attached Health and Emergency form and have it completed by your child’s doctor before your child’s first day of aftercare. Separate medications from the school day will need to be kept in aftercare.

After Care Program Staff for 2020-21 include Abby Gonzales, Abby Smith, Leah Terry, Duren Walters, Hunter Ball. You may contact Amy Ball during After Care hours.

Please feel free to contact me with any questions or concerns anytime. Please return your forms prior to your child’s first day in the After Care Program.

Thank you and welcome back!

Amy Ball, Director

aball@compassk12.org 303-808-1998



After Care Health and Emergency Information

Child's name _____

Address _____

City _____ State _____ Zip _____

Parent Phone Numbers

Name _____ Home _____ Work _____ Cell _____

Name _____ Home _____ Work _____ Cell _____

- In the event of injury or illness, the parent will be called to pick up their child within 30 min
- In the event of a potentially life-threatening emergency, the parent and 911 will be called.

Please list any food allergies or sensitivities:

Please list any medications your child will need to take while in aftercare emergency or routine:

**if your child needs medications in aftercare another set will need to be provided in addition to the ones kept at school for the school day.*

Please list any other conditions of which the staff should be aware of:

- I hereby request and give my permission to the After Care staff of Compass Montessori School to administer medication to the child identified above. I understand that it is my responsibility to provide this medication in the original container that lists a dosage appropriate for my child.
- I release and waive any and all claims, which I now have or may hereafter have against Compass Montessori School and its employees arising out of the administration of or failure to administer the medication to the student or any adverse reaction by the student to the medication.
- In addition, in the event of a medical emergency, my child will be transported by ambulance to the nearest hospital. I will be responsible for any costs associated with emergency transportation and medical care for my child.

_____ does **NOT** require any medication in the After Care Program.

Child's name

_____ Date _____

***REQUIRED SIGNATURE OF PARENT OR LEGAL GUARDIAN**



**After Care Agreement 2020-2021
Wheat Ridge Campus**

Child's Name _____

Grade _____

Parent/Guardian Name(s) _____

Address _____

Phone _____

Monthly After Care Program Fees:

- \$280.00 - After Care Only (2:45pm - 5:45pm) 5 Days/Week
- \$245.00 - After Care Only (2:45pm - 5:45pm) 4Days/Week
- \$205.00 - After Care Only (2:45pm - 5:45pm) 3 Days/Week
- \$25.00 - After Care Only (**2:45pm - 5:45pm**) Drop In Daily Rate (*no hourly rate available*)

Fees are due on the **1st of every month**. Monthly fees are late if received after the 10th of the month, and a \$20 late fee will be assessed. All fees will be uploaded and payable on your **JEFFCO CONNECT ACCOUNT**. If you are late on your payments your child(ren) will not be allowed to participate in the After Care Program until your balance is paid in full. Receipts provided upon request. Late fees are applied at \$1.00 per minute per child not picked up by 5:45 PM. Late fees are expected to be paid upon pickup or within the next business day.

As legal custodial parent(s)/guardian(s), we(I) have read and understand the above policies and by signing below agree to all the terms and conditions herein.

Parent/Guardian Name _____

Signature _____

Date _____