



**BLUFFTON-HARRISON MSD CHILDCARE**

**Director: Mrs. Jaci Moser**

**Adult Supervisor: Angie Hubble**

Thank you for choosing BHMSD Childcare for your children.  
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**CHILDCARE HOURS**

<i>Childcare Program</i>	<i>Location</i>	<i>Times</i>
* <b>School Age Children</b>	Childcare Center Childcare Center	6:00 a.m. – 7:45 a.m. 3:00 p.m. – 6:00 p.m.
* <b>Registered Preschool Students</b> <small>Must be age 4 on or before August 1 the year student begins Preschool. May attend childcare starting August 1 the year student will begin Preschool.</small>	Childcare Center Childcare Center Childcare Center	6:00 a.m. – 8:15 a.m. 11:00 a.m. – 3:30 p.m. 3:30 p.m. – 6:00 p.m.
* <b>Summer Childcare</b>	Childcare Center	6:00 a.m. – 6:00 p.m.

**PAYMENT**

**Payment**

- Preschool and school-age students: Before school childcare is \$5.00 **per child/per day**.
- Preschool students: Afternoon childcare from 11:00 a.m. - 3:30 p.m. is \$5.00 **per child/per day**.
- Preschool and school-age students: After school childcare for Preschool students from 3:30-6:00 p.m. is \$5.00 **per child/per day**. After school childcare for school-age students from 3:00-6:00 p.m. is \$5.00 **per child/per day**.
- If student is not picked up by 6:00 p.m., a fee of \$5.00/15 minute interval will be charged to the account beginning at 6:01 p.m.
- Meals purchased from the cafeteria will be charged accordingly to the student’s meal account. The childcare fund and meal account fund will be kept separate; therefore, please do not combine breakfast/lunch money with childcare money.

**Payment is due to Bluffton-Harrison MSD in advance of services.** You may pay by the day, week, or month prior to using the childcare services. Please be sure your check or cash is in an envelope clearly marked “childcare”. If you wish, you may send your payment with your child. If you pre-pay and your child does not attend due to illness, change of plans, etc., your account will not be charged for that amount. **Checks should be made payable to BHMSD. A delinquent payment of one week may result in termination of enrollment.**

## CALENDAR

### Dates of Service for Childcare.

The BHMSD childcare program will be an open, year-round program, including cancellation days and school breaks. When BHMSD is closed or delayed due to road conditions, fog, or other emergencies, childcare **WILL** be available for enrolled BHMSD childcare students. Make sure to pack a lunch for your child for when school is closed, as lunch options will not be provided by BHMSD on school cancellation days.

**Please see the included BHMSD Childcare Calendar for dates that the childcare program will close for holidays.**

## DISCIPLINE POLICY

### Goal

The goal of the Bluffton-Harrison MSD childcare discipline policy is to provide a positive environment where students are expected and encouraged to respect others, the property of others, and themselves. Our policy is driven by the belief that the purpose of education is to prepare our students for life, and exercising self-control is a key ingredient to a successful future.

### Definition

Discipline involves the establishment of guidelines for acceptable student behavior. These guidelines encourage students to use self-control in following the procedures that have been established. It also includes administering appropriate consequences to students when they choose not to follow procedures and giving encouragement to students when they do follow procedures.

### Student Responsibilities

Student conduct is expected to reflect respect and consideration for the personal and property rights of others, as well as an understanding of the need for cooperation with all members of the school community. Specific student responsibilities include, but are not limited to:

1. Accepting responsibility for one's behavior.
2. Demonstrating a positive attitude by following the directions of teachers and staff members.
3. Respecting the rights and personal property of others.
4. Respecting the authority of all childcare personnel.
5. Helping to maintain the facility.
6. Following the lifelong guidelines and life skills.

### Consequences

Childcare employees may find it necessary to discipline students when their behavior interferes with the safety of anyone in attendance. Any of the following consequences may be utilized dependent upon the severity of the behavior:

- A discussion of the behavior with the child to redirect the behavior in an appropriate manner.
- A brief time away from normal activities or a specific activity (5 - 15 minutes).
- Time away from normal activities or a specific activity for a day.
- An in-program detention.
- A suspension from childcare.

As per BHMSD School Board Policy JQ-R: Written behavioral guidelines shall be established and/or approved by the school and provided to the parent(s)/guardians(s) when the child is enrolled in the childcare program.

Staff members of the childcare program shall be responsible for supervising and monitoring each child's behavior and reporting any problems to the parent(s)/guardians(s). If behavioral problems are persistent or severe, the child may be terminated from the program. Parents must be notified of the child's dismissal from the childcare program.

### Communication

Bluffton-Harrison MSD believes that a cooperative effort must exist between childcare providers and parents in providing the best possible care for children. Communication is a key component in making this working relationship effective. Therefore, when questions arise, please feel free to call the childcare director for an appointment. You may also email the childcare director anytime [jmoser@bhmsd.org](mailto:jmoser@bhmsd.org).

For a complete BHES student handbook, visit the district website at [www.bhmsd.org](http://www.bhmsd.org).

**BHMSD Childcare Program**  
**PRE-PAY FINANCIAL AGREEMENT**

- I understand and agree to pay \$5.00 for the before school childcare (6:00-8:15 a.m.) **per child per day.**
- I understand breakfast is offered and available for an additional fee **per child per day.**
- I understand and agree to pay \$5.00 for the after school childcare (Latch Key after school until 6:00 p.m.) **per child per day.**
- I understand and agree to pay \$5.00 for Preschool Childcare (11:00 a.m. – 3:30 p.m.) **per child per day for registered preschool students only. An additional \$5.00 charge is incurred if a preschool student stays from 3:30-6:00 p.m.**
- If my child is not picked up by 6:00 p.m., a fee of \$5.00 per 15 minute interval will be charged to the account beginning at 6:01 p.m. **per child per interval.**

**Payment is due to Bluffton-Harrison MSD in advance of services.** You may pay by the day, week, or month prior to using the childcare services. Please be sure your check or cash is in an envelope clearly marked “childcare”. If you wish, you may send your payment with your child. If you pre-pay and your child does not attend due to illness, change of plans, etc., your account will not be charged.

**Checks should be made payable to BHMSD.**

**A delinquent payment of one week will result in termination of enrollment. In order to re-enroll in the BHMSD Childcare Program, delinquent accounts must be paid in full and pre-payment of services must be received.**

If my child eats a school breakfast, his/her breakfast/lunch account will be charged accordingly. The childcare fund and breakfast/lunch account fund will need to be kept separate; therefore, please do not combine breakfast/lunch money with childcare money.

The receipt received after payment is the only receipt that will be given. The tax exempt I.D. number is on the receipt form. **Please save your receipts if needed for tax purposes.** Upon request, an itemized year-end report may be provided.

**I have read the basic provisions for the Bluffton-Harrison MSD Childcare program and understand the school corporation’s policy regarding pre-payment.**

Child’s name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_

Child’s Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Mother’s Name \_\_\_\_\_ Mother’s Phone # \_\_\_\_\_

Father’s Name \_\_\_\_\_ Father’s Phone # \_\_\_\_\_

Stepmother’s Name \_\_\_\_\_ Stepmother’s Phone # \_\_\_\_\_

Stepfather’s Name \_\_\_\_\_ Stepfather’s Phone # \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent or Guardian) (Date)

Email Address \_\_\_\_\_

**Days attending**

*Before School*    \_\_\_ *Occasionally* \_\_\_ *M* \_\_\_ *T* \_\_\_ *W* \_\_\_ *Th* \_\_\_ *F*

*PreK CC*            \_\_\_ *Occasionally* \_\_\_ *M* \_\_\_ *T* \_\_\_ *W* \_\_\_ *Th* \_\_\_ *F*

*Latch Key:*        \_\_\_ *Occasionally* \_\_\_ *M* \_\_\_ *T* \_\_\_ *W* \_\_\_ *Th* \_\_\_ *F*

Please list telephone numbers where a parent can be reached before, during, and after childcare hours:

_____	_____	_____
Name	Phone	Relationship

_____	_____	_____
Name	Phone	Relationship

_____	_____	_____
Name	Phone	Relationship

**Pick-up Authorization**

The following individuals are authorized to pick up my child from Childcare. In case of an emergency, these individuals may be called if I cannot be reached.

_____	_____	_____
Name	Phone	Relationship

_____	_____	_____
Name	Phone	Relationship

\_\_\_\_\_  
Please write additional instructions if needed:

**BHMSD Childcare Program  
Student Health Information 2018-19**

**\*Please complete both sides**

Student name: \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Medical History/Conditions**

For each of the following conditions please circle "Yes" or "No". For "Yes" answers, please list any medications taken or any special care for the condition. If needed, please use the back of this page for additional information. If the student takes any medication, please fill out the medication section on the back of this page.

<b>Condition/Yes/No</b>	<b>Medication/Special Care/Notes</b>
1. Acid reflux/GERD/frequent vomiting	Yes/No _____
2. ADD/ADHD (Attention Deficit Hyperactivity Disorder)	Yes/No _____
3. Bone, joint, or muscle disorders/fractures	Yes/No _____
4. Bladder or Kidney concerns/control problems	Yes/No _____
5. Bowel concerns (constipation, loose stools)	Yes/No _____
6. Ear or hearing concerns	Yes/No _____
7. Emotional/psychological	Yes/No _____
8. Eye or vision concerns	Yes/No _____
9. Genetic disorder/Chromosome disorder/Syndrome	Yes/No _____
10. Heart/Congenital Heart Defect/Heart Surgery	Yes/No _____
11. Headaches (frequent, migraines, sinus)	Yes/No _____
12. Medical Equipment (feeding tube, wheelchair, etc.)	Yes/No _____
13. Pollen, dust, environmental allergies	Yes/No _____
14. Shunt/hydrocephalus	Yes/No _____
<b><u>Please see nurse if you answer YES to any of the below:</u></b>	
15. Asthma	Yes/No _____
16. Autism Spectrum Disorder	Yes/No _____
17. Bee /Insect sting allergy*	Yes/No _____
18. Cerebral Palsy (C.P.)/Neurological disorders	Yes/No _____
19. Diabetes (If yes, please see nurse for school instructions)	Yes/No _____
20. Digestive concerns/special diet/tube fed	Yes/No _____
21. Epilepsy/Seizure disorder	Yes/No _____
22. Food allergy**/Intolerance (milk, dairy products, etc.)	Yes/No _____

**Allergies**

Please list the type of reaction and medication/treatment needed for each allergy:

<b>Allergy</b>	<b>Type of Reaction</b>	<b>Medication/Treatment Needed</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*If emergency medications are needed for allergies, please fill out a "Medication Authorization Form" and bring the medication to school in the original container.**

**\*\*If the student has a food allergy or needs food substitution in the school cafeteria, a doctor note is required. Please complete the back side of this form.**

**Medications**

Does this student take any medication (prescribed and/or over-the-counter/OTC)? Yes/ No

<b>Medication Name</b>	<b>Dose and Time(s) Taken</b>	<b>Reason for Medication</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Most medications may be taken at home. Will this student need to take medication **during school hours**?\*  
Yes/No Explain: \_\_\_\_\_

**\*Note: BHMSD policy requires all medication given to students to be supplied by the parent/guardian. All medication must be in the original container. Prescription medication given at school requires a medication permission form signed by the physician and parent/guardian. Over the counter medication (i.e. pain relievers) must have a medication permission form signed by the parent. All forms are available from the school nurse and on the school website.**

**Immunizations**

Has the student received any immunizations in the past year? Yes/No List new: \_\_\_\_\_ In order to keep the student's immunization record up-to-date, be sure to give a copy of any new immunizations, with dates, to the nurse.

**Vision Exams**

Has the student been seen by an optometrist (eye doctor) in the past year? Yes/No (If yes, please have the optometrist fill out a vision exam report and turn it into the school nurse. See the nurse if you need a form.)

**Recent injuries/Fractures/Surgeries/Hospitalizations**

Please list any recent injuries, fractures (broken bones), surgeries, or hospitalizations with dates:

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**Other information**

Please give any additional information that would be helpful for the staff at school to know to keep the student safe and healthy:

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*To ensure the care of my child, I give the school nurse permission to share pertinent health information about my child with appropriate school staff. This will be done only on a "need to know" basis and in a confidential manner. I agree that the school nurse may consult with my child's family doctor/health care provider(s) about the medical conditions on this form. I agree to alert the school nurse and my child's teacher, in writing, of any change in my child's medication and/or health status. The above permission will be valid through June 2018, unless I revoke the permission in writing.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student's Full Name** \_\_\_\_\_

**BHMSD Childcare Program**  
**Healthcare Statement**

The Bluffton-Harrison Metropolitan School District (BHMSD) Childcare Program will make every attempt to provide trained healthcare personnel for medical emergencies outside of the school's calendar days (E.g., Parent/Teacher Conference Days, Fall Break, Christmas Break, Spring Break, Summer Vacation, and other days identified by Bluffton-Harrison M.S.D.). In the case that no personnel can be provided and emergency situations arise, the BHES staff will immediately call emergency personnel (911) and notify parents of any emergency situations as soon as possible. Expenses encumbered from emergency measures will be assumed by the parent/guardian. Parent/guardian(s) of children with diabetes or complex care requirements will coordinate with staff an appropriate plan regarding medication administration, emergency supplies, and procedural and/or treatment needs.

## **BHMSD Childcare Program**

### **Service Charges**

The BHMSD Childcare Program will work with families to meet the needs of all students. Parents will be charged the typical fee for the general needs of their child at childcare. These fees include a snack. Additionally, the BHMSD Childcare does participate in the Summer Free Lunch Program held at BHES which provides a free lunch for all children of the Bluffton-Harrison school community.

#### **Adult Support**

Students who have significant special education services during the school day are welcome to attend BHMSD childcare. If a student's needs require an instructional assistant to be with the student during the school day to ensure their health, safety, and emotional needs, the childcare director will initiate an Individual Childcare Plan (ICP) evaluation followed by a parent meeting. The ICP will allow the director to determine if staff will be required during the course of the student's stay at childcare. If additional staff is needed to ensure safety and well-being of the child, a service charge not to exceed the cost of the additional services will be added to each session attended as agreed upon in the ICP for that child. The ICP form is included in the handbook. The evaluation will take place over several days and a meeting will be held prior to additional charges being assessed. If the parent is in agreement to the terms of the ICP, the additional charges will be started at that time. If the parent does not agree with the terms of the ICP, the child will not be able to attend the BHMSD Childcare Program. It is our goal that all students receive the support needed to be successful in the childcare setting.

#### **Medical Treatments**

There are times when a student does not need continual adult support throughout a childcare session, but medical treatment may require that the childcare worker is away from their regular duties for more than five minutes. Examples might include: tube feeding, catheterization, etc. In these cases, an ICP will not be initiated, but the parent will incur a \$5/treatment charge as additional staff will be required to allow the childcare worker to meet the medical needs of the child. If the child has a medical condition that requires a registered nurse be PRN (on-call), a service charge not to exceed the cost for PRN services will be added to each session attended for that child as agreed upon in the ICP for that child.



BHMSD Childcare Program  
Individual Childcare Plan  
(ICP)

Name of Child \_\_\_\_\_  
Birthdate of Child \_\_\_\_\_  
Current Grade of Child \_\_\_\_\_

Please answer the following questions:

1. Does the child have an IEP during the school day that requires additional adult assistance throughout the day? YES or NO
2. Does the adult assistance relate to health/safety/emotional needs of the child? YES or NO
3. Is the adult assistance during the school day extensive, meaning more than in a small group setting, but requiring 1:1 support for the child? YES or NO

If the answers to the three questions indicate the need of support of an adult during childcare sessions, we will complete an evaluation of the student in the childcare setting. This evaluation will include:

1. Observation of the child during the school day
2. Observation of the child during childcare
3. Parent interview to discuss the needs of the child including any medical needs
4. Teacher interview to understand the needs of the child
5. School nurse interview to understand the health needs of the child

After these things are completed, a meeting will be held to review the results and recommendations for childcare services. If the services include adding staff to the BHMSD childcare program, the parent will be notified and charges will be assessed.

**Charges include:**

Additional adult support during childcare:

\$ \_\_\_\_\_

OR

Registered Nurse PRN on-call during childcare sessions:

\$ \_\_\_\_\_

\*If an ICP is in effect, advanced notice of attendance will be required for the child to attend childcare to allow for adequate staffing.

\_\_\_\_\_  
Jaci Moser, Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Student Volunteer Request Form**

Students in grades 7 and older who want to attend as a student volunteer must have a parent permission form on file with BHMSD Childcare each school year. The student volunteer and schedule must be approved by the Childcare Director.

Please indicate which days and times the student volunteer requests to volunteer with BHMSD Childcare:

*Before School*    \_\_\_ *Occasionally* \_\_\_ *M* \_\_\_ *T* \_\_\_ *W* \_\_\_ *Th* \_\_\_ *F*

*PreK CC*            \_\_\_ *Occasionally* \_\_\_ *M* \_\_\_ *T* \_\_\_ *W* \_\_\_ *Th* \_\_\_ *F*

*Latch Key:*        \_\_\_ *Occasionally* \_\_\_ *M* \_\_\_ *T* \_\_\_ *W* \_\_\_ *Th* \_\_\_ *F*

Student volunteers would help with the following tasks to assist the high school and adult employees:

- Passing out worksheets and snacks
- Helping set up activities or playing with the childcare kids
- They would not be doing any discipline or timeouts with the childcare kids

The Childcare Director reserves the right to terminate the student volunteer relationship with BHMSD Childcare at any time.

**Parent Permission**

My child, \_\_\_\_\_, has permission to be a Student Volunteer at BHMSD Childcare.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

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

**Childcare Director Approval of Student Volunteer Attendance and Schedule**

\_\_\_\_\_ Date Signed \_\_\_\_\_  
Signature of Childcare Director

**BHMSD Childcare Program**  
**PARENT AGREEMENT**

Please sign and return this sheet as a receipt for us to know that you have read and agree to all aspects of the BHMSD Childcare program.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

If you have any questions or concerns, please contact:

Jaci Moser  
Childcare Director  
jmoser@bhmsd.org