

## PCS Before and After-School Care 2025-2026

PCS Before and After-School Care is a program that provides adult supervision for your child(ren) before school begins (7:00-7:45 AM) and/or after school ends (3:00-4:30 PM) Monday through Friday. The program is run by PCS teachers Liz Hamilton and Sarah Powell (on a rotational basis). Families may sign up for mornings and/or afternoon sessions. Families may sign up for the entire week or just for the days that care is needed. **Please always email both Mrs. Hamilton ([lhilton@pcsvirginia.org](mailto:lhilton@pcsvirginia.org)) and Mrs. Powell ([spowell@pcsvirginia.org](mailto:spowell@pcsvirginia.org)) on all correspondence to avoid any confusion.** Additionally, you may reach Liz at 803-237-4686 and Sarah at 757-784-4892 when needed.

Before Care cost per child, per session, is \$10.00. The program costs \$10.00 per child for the first hour of After-School Care, and \$15.00 per child for pick-ups between 4:01 and 4:30. If a child is picked up more than 5 minutes late, parents will receive a warning on the first occurrence. After that, a late fee of \$10.00 per child, per occurrence, will be added to the next month's payment.

Please read the information below:

- ☐ I agree for my child(ren) to be enrolled in the PCS Before and After-School Care for the school year of 2025-2026 and will agree to inform Mrs. Hamilton and Mrs. Powell if the schedule needs to be changed.
- ☐ I agree to pay promptly on the first scheduled day of each month, either in cash, check payable to Sarah Powell, or Venmo @Sarah-Powell-07321. (Or on the day of service if a last-minute scheduled request).
- ☐ I understand that the PCS Before and After-School Care will assume responsibility for my child, from the time the child is dropped off and signed in, to the time the child is signed out by an authorized person. Only written or emailed authorization from the parent(s) will be accepted for persons other than those listed on the authorization list to pick up my child.
- ☐ I understand that there will be no credit for my child(ren)'s absence, whether sick, weather-related, or pre-scheduled. However, if the program leader is going to miss, parent(s) will be informed as soon as possible, and the account will be credited for the following month.

- ☐ I agree to inform Mrs. Hamilton and Mrs. Powell of any absences to avoid confusion and concern.
- ☐ I understand that the program will not be available on school holidays, weather-related closures/ early release, nor full-day teacher workdays. If the school is closed, there will be no after-school program. If the school opens on a 2 hour delay due to weather-related events, Before Care will begin at 9:00 AM.
- ☐ I understand that if I am more than 5 minutes late picking up my child, there is a warning that day. After that, there will be a \$10.00 late fee added to the next month's payment for each instance of tardiness.

#### Homework

- ☐ I agree that I am responsible for checking my child(ren)'s homework to ensure it is completed, checked, signed off on, memorized, and/or practiced.
- ☐ I understand that Mrs. Hamilton and Mrs. Powell can provide light assistance to my child's homework, but cannot provide 1 on 1 help.

#### Food

- ☐ If my child attends the Before School session, I agree to send my child with breakfast to eat, or have the child eat beforehand.
- ☐ I agree to send my child to school with an extra nut-free snack designated for after school.

#### Illness

- ☐ I agree that I will not have my child attend the Before and After-School program with any of the following: fever, rash, diarrhea, or vomiting. I understand that my child must be symptom free for 24 hours before returning (PCS policy).
- ☐ I understand that if a medical emergency arises, the program leader will first attempt to contact the parent(s). The program leader will then call appropriate emergency personnel to attend to and transport my child.

#### Behavior

- ☐ I understand that students attending the Before and After-School program are expected to show respectful behavior toward peers, teachers, and the program leader.

- ☐ I understand that should it be determined between the school staff and/or parents that any damage to the school property, grounds, or play equipment was the fault of my child, I am responsible for the cost of repairs.
- ☐ I understand that Before and After-School Care is not responsible for lost or stolen items. I understand that all of my child(ren)'s items should be labeled with a name.

## PCS Before and After-School Care 2025-2026

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade/ Homeroom Teacher: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please Circle the session(s) needed:

**Before School Care:** Monday Tuesday Wednesday Thursday Friday

**After School Care:** Monday Tuesday Wednesday Thursday Friday

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade/ Homeroom Teacher: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Before School Care:** Monday Tuesday Wednesday Thursday Friday

**After School Care:** Monday Tuesday Wednesday Thursday Friday

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade/ Homeroom Teacher: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Before School Care:** Monday Tuesday Wednesday Thursday Friday

**After School Care:** Monday Tuesday Wednesday Thursday Friday

Please list any additional children on a separate sheet of paper.

## PCS Before and After-School Care 2025-2026

Parent name(s) \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone numbers \_\_\_\_\_

Work numbers \_\_\_\_\_

Preferred communication: \_\_\_\_\_ Text \_\_\_\_\_ Call

Please list all approved drivers here, along with phone numbers.

Approved Driver #1 \_\_\_\_\_ Number \_\_\_\_\_

Approved Driver #2 \_\_\_\_\_ Number \_\_\_\_\_

Approved Driver #3 \_\_\_\_\_ Number \_\_\_\_\_

Approved Driver #4 \_\_\_\_\_ Number \_\_\_\_\_

Insurance Information:

Child's Doctor: \_\_\_\_\_

Phone number: \_\_\_\_\_

Does your child have any allergies, health conditions, behavioral or cognitive challenges that I should be made aware of?

- ☐ I agree to pay the rate on the first day of each month, based on the number of days where care is needed.

Parent(s) Signatures \_\_\_\_\_

Program Leader Signature \_\_\_\_\_