

DENBIGH BAPTIST CHRISTIAN SCHOOL

13010 Mitchell Point Road ✧ Newport News ✧ Virginia ✧ 23602-6912
 (757)249-2654 FAX(757)249-9480



*A Ministry of
 Denbigh Baptist Church*

Extended Care (EC) Program

*The mission of Denbigh Baptist Christian School is to
 EDUCATE the mind, NURTURE the soul, and SHAPE the character
 of each student and staff member in a Christ-centered environment, based on the
 Truth of God's Word.*

We are so pleased and excited that you have decided to entrust your child's care to our responsible and dedicated staff. Both Early Care and After School Care are available. Listed below, you will find Extended Care (EC) options and fees for the current school year.

We offer a 10-month payment plan, with holidays/scheduled school day closures taken into consideration. There is also a daily drop-in rate. Charges run from August 1 - May 1 or September 1 - June 1.

Monday-Friday

REGISTRATION FEE			
\$25.00 per Student / \$50.00 Maximum per Family			
Early Care 6:30 am - 8:15 am		After School Care 3:00 pm - 6:00 pm	
3 Day	5 Day	3 Day	5 Day
\$625	\$965	\$1,240	\$1,930
<i>Drop-in Daily Rate - \$6</i>		<i>Drop-in Daily Rate - \$13</i>	
BUNDLE PACKAGES		3 Day	5 Day
Early Care + After School Care		\$1,640	\$2,480
SAVINGS		\$225	\$415

This Center is Exempt from Licensure

Debbie Drivas
 EC Director
 Day Care

(757) 813-1380

(757) 249-2654 ext. 326

ec@dbcs.org



EXTENDED CARE HANDBOOK

The Extended Care is a ministry of Denbigh Baptist Christian School, an outreach of Denbigh Baptist Church.

Purpose

The purpose of Denbigh Baptist Christian School is to assist the family in fulfilling their God-given responsibility for training their child. The purpose of Extended Care is to assist working parents by providing care for their children before and after school. This care is provided by nurturing adults in a Christian atmosphere.

Statement of Non-Discrimination

Denbigh Baptist Christian School adheres to a policy of admitting students of any race, color, nationality or ethnic origin to all rights, privileges, programs, and activities generally accorded, or made available to students at the school. DBCS does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational, athletic, or any other policies or school-administered programs. However, DBCS reserves the right to refuse admission to, or dismiss, any student if they or their family profess, promote, or participate in a lifestyle that is contrary to the established teaching of Denbigh Baptist Church.

Statement of Code Compliance

Statement of Religiously Exempt Policy

Denbigh Baptist Christian School, located at 13010 Mitchell Point Road, Newport News, Virginia, 23602, is certified as a "Religiously Exempt" school and therefore, has the right to create and set standards. Please read the entire handbook before signing the contract agreement.

Qualifications of Extended Care Personnel

- All staff must have an understanding of child development and a desire to work with young children.
- All staff must believe in and be able to articulate about God's love and Jesus as our Savior.
- All staff must seek to serve as a positive role model.
- All staff must exhibit enthusiasm toward living life, gaining knowledge, and serving Christ.
- All staff must guard their personal testimony from real or perceived blemish.
- All staff must be willing to participate in on-going staff development for professional development and training that is necessary for certification.
- All staff will be certified annually by a practicing physician or nurse practitioner to be free from any disability which would prevent them from caring for children.
- All staff must be able to physically care for young children, including standing for long periods, sitting in small chairs and on the floor, carrying the weight of a preschool child, stooping, bending, etc.
- All staff must provide identification and have a satisfactory criminal history background check.
- The director must have experience working with adults and children, and have experience in supervision.

Physical Facilities for Extended Care purposes include:

- A large parking lot for supervised parent drop-off and pick-up
- A contained playground
- A large soccer field
- A Youth House with covered patio
- A gymnasium
- A kitchen
- Various rooms throughout the church which can be used as needed

Enrollment Capacity: 47 Children

REQUIRED STAFF-CHILD RATIOS:

Age Group	Staff to Children Ratio
36 months to 5 years	1 staff to 10 children
5 years to 9 years	1 staff to 20 children
9 years to 12 years	1 staff to 25 children

We hire additional staff as needed.



Extended Care Handbook cont.

Food Services

During the school year, we sell sealed snacks but encourage parents to provide their own nutritious snacks from home.

- Lunch will be from 11:30 - 12:00.
- Children may bring their lunch as well as drinks and snacks to sustain them throughout the day.
- Lunch, snacks and drinks will also be available for purchase.

Public Liability Insurance

- The church is covered by public liability insurance, which provides coverage in the event that someone brings suit against the sponsoring religious institution for personal or bodily harm suffered during the operation of Extended Care as a result of negligence. **This kind of insurance is NOT to be confused with accidental injury insurance, which provides medical benefits to the injured regardless of whether a suit is filed or the injury was a result of the center's negligence.**
- Children are covered by church insurance while at school. The school insurance is with Brotherhood Mutual Insurance Company, an affiliate of NCG Insurance Agency.

Procedures

The school has established and implemented the following procedures:

- Hand washing by staff and children before eating and after toileting
- Appropriate supervision of all children in care, including daily drop-off and dismissal procedures to ensure the safety of children
- Daily simple health screening and exclusion of sick children by a person trained to perform such screenings
- Ensure that a person trained and currently certified in MATS, CPR, and First Aid is present at the school whenever children are present
- Ensure that all children are in compliance with the provisions regarding immunization of children against diseases
- Ensure that all areas of the premises, both inside and out that are accessible to children, are free of obvious injury hazards, including providing and maintaining surfacing material under playground equipment
- Training to recognize the signs of child abuse and neglect and to be aware of their responsibilities as Mandated Reporters

Compliance

The school is in compliance with the requirements of:

- Section 63.2-1724 of the Code relating to background checks
- Section 63.2-1509 of the Code relating to the reporting of suspected cases of child abuse and neglect
- Chapter 3 (Section 46.2-300 et seq.) of Title 46.2 of the Code regarding a valid Virginia driver's license or commercial driver's license; Article 21 (Section 46.2-1157 et seq.) of Chapter 10 of Title 46.2 of the Code regarding vehicle inspections, ensuring that any vehicle used to transport children is an insured motor vehicle as defined in Section 46.2-705; and Article 13 (Section 46.2-1095 et seq.) of Chapter 10 of Title 46.2 of the Code regarding child restraint devices.
- Section 63.2-1809 of the Code regarding proof of a child's identity and age, and reports of possible missing children to law enforcement
- Section 54.1-3408 of the Code regarding the qualifications of a person administering prescription medication to a child

Illness

Parents / guardians are asked to keep all students with contagious illnesses and/or fevers (*100.4+ temperature*) home. This is a health consideration for the well-being of all our students, faculty, and staff. Our policy is that a student must stay home with the following conditions:

- Flu symptoms
- Diarrhea (*24 hours fever free without medication before returning to school*)



Extended Care Handbook cont.

- Colored nasal discharge
- Persistent cough
- Fever (*100.4+ temperature and/or change in condition, 24 hours fever free without medication before returning to school*)
- Vomiting due to illness (*24 hours without vomiting before returning to school*)
- Strep Throat (*24 hours on medication before returning to school*)
- Pinkeye (*24 hours on medication before returning to school*)

Students do, at times, come down with illnesses while at school. If a student needs to be sent home, every effort will be made to contact a parent / guardian. If a parent / guardian is not available, an emergency contact person will be notified.

Medications

Please note, the following policies are in accordance with Commonwealth of Virginia law. They are, therefore, non-negotiable:

- During the school year, all medications – prescription or over-the-counter – must be kept in the school office and administered by the school’s Medication and Administration Training Staff (MATS). This includes Tylenol, Advil, cough drops, eye drops, etc. The parent / guardian must complete the “Medication Administration Form,” available in the school office or on the website.
- During the Summer EC, all medications - prescription or over-the-counter - must be kept in the EC locker and administered by a MATS member. The parent / guardian must complete the “Medication Administration Form,” available at EC or on the website.

Transportation

- During the school year, we do not transport children.
- During the Summer EC, our licensed, insured, and DMV-compliant drivers transport the children on field trips.

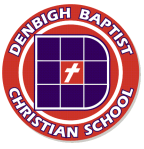
Fees

School Year

- A non-refundable annual registration fee per child is due at the time of enrollment.
- The school offer a 10 month payment plan, from August 1 - May 1 or from September 1 - June 1.
- EC charges will be invoiced on the monthly tuition bill. The EC charges fall under the same policy as tuition. Students are at risk of losing EC privileges, should the account become delinquent.
- The student needs to be picked up before the closing time of 6:00 p.m. A late fee of \$1.00 per minute per child will be assessed when a child is left beyond EC’s operating hours. *NOTE: The late pick-up fee does not constitute an agreement to provide after-hours service, nor will the late fee be applied toward the EC fee. This fee is due at the time of pick-up.*
- There is no reduction of fees during the school year for absences, illness, holidays, vacations, or emergency closure of EC. Monthly billing is based on 36 school weeks or 180 days, which is evenly divided over 10 months. If the hours the student attends change in any way, notify EC immediately so appropriate staffing may be arranged.

Extended Care (EC)

- A non-refundable annual registration fee per child is due at the time of enrollment.
- All EC fees are due in advance of services rendered.
- Accounts two weeks in arrears may result in immediate termination of service.
- The student needs to be picked up before the closing time of 6:00 p.m. A late fee of \$1.00 per minute per child will be assessed when a child is left beyond EC’s operating hours. *NOTE: The late pick-up fee does not constitute an agreement to provide after-hours service, nor will the late fee be applied toward the EC fee. This fee is due at the time of pick-up.*
- If the hours the student attends change in any way, notify EC immediately so appropriate staffing may be arranged.
- The full EC is due even if the student is absent for one or more days; EC requests a two-week notice of an intended vacation.



EXTENDED CARE (EC) APPLICATION

Denbigh Baptist Christian School adheres to a policy of admitting students of any race, color, nationality or ethnic origin to all rights, privileges, programs and activities generally accorded, or made available to students at the school. DBCS does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational, athletic, or any other policies or school-administered programs. However, DBCS reserves the right to refuse admission to, or dismiss, any student if they or their family profess, promote, or participate in a lifestyle that is contrary to the established teaching of Denbigh Baptist Church.

Student's Name: _____ Goes by: _____
Last First Middle

Date of Birth: ____/____/____ **Age:** _____ **Grade:** _____ **Sex (M/F):** _____

Address: _____

City State Zip Code **E-mail:** _____

Family 1

Father/Guardian _____ **Mother/Guardian** _____

Address _____ Address _____

Cell # _____ Cell # _____

Home # _____ Home # _____

Work # _____ Work # _____

Family 2

Father/Guardian _____ **Mother/Guardian** _____

Address _____ Address _____

Cell # _____ Cell # _____

Home # _____ Home # _____

Work # _____ Work # _____

Child's Physician _____ Office # _____ Preferred Hospital _____

Any Known Allergies _____

All ongoing prescription medications _____

Please give 2 contacts that can pick up your child in case of sickness, should both parents be unreachable:

Name/Relationship _____ Home# _____ Work# _____ Cell# _____

Name/Relationship _____ Home# _____ Work# _____ Cell# _____

Persons authorized to pick up your child _____

Persons NOT allowed to pick up your child _____

Please provide any other information regarding your child you would like us to be aware of _____



EXTENDED CARE POLICIES

Hours of Operation: 6:30 ~ 8:15 am and 3:00 ~ 6:00 pm

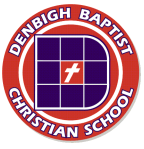
**PLEASE READ THE FOLLOWING AND INITIAL EACH POLICY
ACKNOWLEDGING THAT YOU UNDERSTAND AND AGREE**

Pertains

1. _____ Before school, NO LATER THAN 7:45 AM, I will walk into the building with my child each day and make certain the teacher knows he/she is there. Others, including MS/HS siblings, may bring or pick up my child but only with prior notice from me as the parent or guardian.
2. _____ At pick-up time, I, or those I have authorized, will walk into the building or to the playground gate and inform a teacher which child they are picking up and sign out that child. If the teacher is not familiar with the pickup person, an ID will be requested before the child will be signed out.
3. _____ I need to pick up my child before closing time of 6:00 p.m. If I am late, I will pay an overtime charge of \$1 per minute after 6:00 p.m. I understand and agree that this fee is due at the time I pick up my child.
4. _____ I will inform the EC Center of changes in address, phone numbers, employment, emergency information, or any changes in family situations.
5. _____ My EC charges will be included on my monthly tuition bill. They fall under the same tuition policy as my tuition. My child is at risk of losing EC privileges, should I become delinquent.
6. _____ There is no reduction of fees during the school year for absences or vacations. Fees are reduced, however, for extended illness or periods when EC is closed for 2 or more days within the same week. Part-time fees apply for the remaining days of attendance.
7. _____ **I WILL KEEP MY CHILD HOME WITH THE FOLLOWING: FEVER, DIARRHEA, OR VOMITING WITHIN A PREVIOUS 24-HOUR PERIOD. THIS POLICY IS IN KEEPING WITH THE ESTABLISHED CLINIC POLICY IN THE DBCS HANDBOOK.** If my child is well enough to come to school, he/she will be expected to play outside at recess time, weather permitting.
8. _____ If, after a reasonable amount of time (to be determined by the Director), it is found that my child is unable to adjust to the Center, the EC Director reserves the right to request the withdrawal of my child.
9. _____ I understand that my child can only attend EC on days they attend school. Exception: Please see the EC Director if your child is enrolled in a half-day program.
10. _____ I have read and agree to all policies and procedures in the Extended Care Handbook.

Parent's Signature

Date



EC SCHEDULE OF CARE

Student's Name: _____ Nickname: _____
Last First Middle

Date of Birth: ____/____/____ **Age:** _____ **Grade:** _____ **Sex (M/F):** _____

Homeroom Teacher: _____

Date of desired entrance: ____/____/____

Siblings currently at DBCS: _____

Is this for occasional attendance only? _____

Please list your child's approximate arrival and departure times:

	Arrival	Departure
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Child Accepted ____/____/____ EC Billing to begin ____/____/____

Child withdrawn from program ____/____/____

Parent's Name Printed

Parent's Signature and Date

Mrs. Debbie Drivas, EC Director
757-813-1380



HEALTH INFORMATION FORM 2022-2023

This form must be completed each school year.

Student's Name _____ Male _____ Female
Last First Middle

Date of Birth _____ / _____ / _____ Age _____ Grade _____

Student's Address _____ City _____ State _____ Zip _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Please note: A Medication Authorization Form must be completed for every medication that needs to be given at school.

ALLERGIES

_____ Yes _____ No

Type (*Food, Insects, Drugs, Seasonal, Other*) _____

Reaction _____

Currently prescribed medications and treatments

_____ **Medication needs to be given at school**

ASTHMA

_____ Yes _____ No

Triggers _____

Symptoms _____

Currently prescribed medications and treatments

_____ **Asthma Action Plan**

_____ **Medication needs to be given at school**

ADD/ADHD

_____ Yes _____ No

Currently prescribed medications and treatments

_____ **Medication needs to be given at school**



Health Information Form continued

OTHER HEALTH CONCERNS

Please check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Bladder Problem | <input type="checkbox"/> Hearing Problem |
| <input type="checkbox"/> Bleeding Problem | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Bowel Problem | <input type="checkbox"/> Muscle Problem |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Speech Problem |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Spinal Injury |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Vision Problems |
| | <input type="checkbox"/> Other _____ |

Please explain _____

List all prescription, over-the-counter, and herbal medications your child takes regularly

I, _____, hereby authorize my child's health care provider and designated provider of health care in the school setting, including all school-sponsored activities (e.g. athletic programs, field trips, etc.) to discuss my child's health concerns and/or exchange information pertaining to this form. *Any photocopy of this form carries the same authority as the original.*

Parent/Guardian Signature

Date