



**St. Clair County Community Education Extended Day Program**

16700 US Hwy 411 • Odenville, AL 35120

*Emily Davis, Community Education Director*

Phone: (205) 629-7105

[www.stclaircommunityed.com](http://www.stclaircommunityed.com)

# Moody Elementary School

## Morning Care

6:30 AM-7:30 AM (You will need to drop off by 7:00 or the traffic from car riders will block you.)

Weekly Fee: \$20.00 (no daily rates AND a \$5.00 fee will be applied to late payments)

All policies and rules from the After School Care contract will be followed.

Jason Tuggle, Site Director

(205) 405-7303 or [Jason.tuggle@sccboe.org](mailto:Jason.tuggle@sccboe.org)

**Request to join our Facebook page for important announcements:**

**MES Extended Day**

We will take the children to breakfast at 7:15. Breakfast will be served for \$1.25 unless your child is on free or reduced lunch (.30).

## DISCIPLINE POLICY

The Extended Day staff practice a policy of being fair, firm, and friendly. Student safety is a major consideration. Staff may not use any form of corporal punishment.

Step 1: The staff will discuss the child's inappropriate behavior with child, stating clearly the behavior that is expected. The child may be required to take a "time-out" for a period of time.

Step 2: If the child fails to respond positively to this statement of expected behavior of "time out" we will contact the parent describing the behavior required.

Step 3: If inappropriate behavior continues the child will be suspended from the program.

### STUDENTS ARE EXPECTED TO:

- Obey the Extended Day Program rules.
- Follow the St. Clair County Board of Education code of conduct.
- Remain with the staff in designated Extended Day Program areas.
- Show respect for others and staff.
- Keep their hands to themselves, not touching others or other's belongings.

### PARENTS ARE EXPECTED TO:

- Direct all concerns to the site director.
  - Make payments to the site director.
  - Pick up child if notified of illness or discipline actions.
  - Present picture ID and sign out child each day.
  - Pick up child before 6:00 p.m.
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- The program reserves the right to ask parents to remove their child if he/she cannot adjust to the program and/or for inappropriate behavior. The extended day programs maintain a 15 -1 student/staff ratio.
  - I have read and understand the program purpose, hours of operation, inclement weather policy, rates and payments procedures, late fees, discipline policy. I also understand that participation in the Extended Day Program is a privilege not a requirement of my child's educational process.
  - I give permission for my child to view PG movies.
  - I give permission for my child's picture to be taken and published.
  - I understand and agree to follow each condition as listed.

\_\_\_\_\_  
Parent's /Guardian's Signature

\_\_\_\_\_  
Date



ST. CLAIR COUNTY BOARD OF EDUCATION  
COMMUNITY EDUCATION EXTENDED DAY PROGRAM

REGISTRATION FORM

CHECK SITE:  ASHVILLE ELEMENTARY  MOODY ELEMENTARY  RAGLAND  
 MOODY MIDDLE SCHOOL  ODENVILLE ELEMENTARY  SPRINGVILLE ELEMENTARY

OTHER \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

(H) PHONE \_\_\_\_\_ (W) PHONE \_\_\_\_\_ (C) PHONE \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

(H) PHONE \_\_\_\_\_ (W) PHONE \_\_\_\_\_ (C) PHONE \_\_\_\_\_

LIST DRIVERS LICENSE # IF PAYING WITH PERSONAL CHECK: (MOTHER) \_\_\_\_\_ (FATHER) \_\_\_\_\_

CHILD LIVES WITH: \_\_\_\_\_

MEDICAL INFORMATION: \_\_\_\_\_

IS YOUR CHILD COVERED BY MEDICAL INSURANCE?  YES  NO  
INSURANCE CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_  
DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERMISSION TO SEEK MEDICAL TREATMENT IF UNABLE TO REACH PARENTS OR EMERGENCY CONTACTS?  
 YES  NO

PLEASE LIST AN EMAIL ADDRESS \_\_\_\_\_

PLEASE LIST THREE RESPONSIBLE PERSONS TO CONTACT IN CASE OF EMERGENCY AND TO PICK UP CHILD IF PARENTS CANNOT BE REACHED, (ONLY DESIGNATED PERSONS WITH PROPER IDENTIFICATION WILL BE ALLOWED TO SIGN CHILD OUT OF PROGRAM.)

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_ DATE \_\_\_\_\_