

**AFTERSCHOOL PROGRAMS at Tennessee High School**  
**Program Manual and Sign-up Form**  
*Funding provided by LEAPS (Lottery for Education: Afterschool Programs) Grant*

**Program Goal:**

The overall goal of After-School Programs at Tennessee High School is to motivate all students to reach their optimal academic potential and social development by engaging in meaningful and fun educational and enrichment activities in collaboration with staff, parents, volunteers, and community partners.

**Program Mission Statement:**

After-School Programs at Tennessee High School strive to provide a safe, educationally enriching, fun and rewarding experience for students during the hours after school. Students will have the opportunity to engage in activities that will benefit them emotionally, physically, and educationally. The programming includes snacks, homework help, specialized tutoring, S.T.E.M (Science Technology Engineering Math), music, arts and crafts, hobbies, sports, games, field trips and many other creative and cultural activities. The activities are conducted by staff trained to meet the needs of students and to provide positive adult role models.

**After-School Programs:**

- **Tutoring Services:** After-school tutoring help for all CORE FOUR courses is available in person and via TEAMs Monday – Thursday 2:45 – 4:00 and enrichment activities 4:00 – 5:30. Friday will be focused on Credit Recovery. This program meets in Room 2447, Monday through Friday, 2:30 PM – 5:30 PM. Students must be picked up by 5:30.
- **ACT Preparation Camps** are four-day programs provided prior to the Saturday ACT test dates. Monday through Thursday 6:00-8:00 PM. The summer ACT camp in June is Monday through Thursday 4:00 PM - 6:00 PM. Sign up in Counseling Office.

**Activity Schedule for 2021-22 (Times and days subject to change):**

| Monday                            | Tuesday                           | Wednesday                | Thursday                          | Friday                            |
|-----------------------------------|-----------------------------------|--------------------------|-----------------------------------|-----------------------------------|
| Tutoring CORE 4 Subjects          | Tutoring CORE 4 Subjects          | Tutoring CORE 4 Subjects | Tutoring CORE 4 Subjects          | Credit Recovery                   |
| World Language                    | ACT Academy                       |                          | ACT Academy                       | Community Service                 |
| Physical Activity/ Student Choice | Physical Activity/ Student Choice |                          | Physical Activity/ Student Choice | Physical Activity/ Student Choice |

*\*Student and parent suggestions for additional enrichment offerings are appreciated and should be directed to Program Director, Mrs. Easterling, at [easterlingt@btcs.org](mailto:easterlingt@btcs.org)*

**Transportation for LEAPS Program:**

Parents are responsible for student transportation in the after-school program. Students MUST be picked up by 5:30 PM. All students must personally sign out of the program in the afternoon by means of a sign-out sheet. The parent/ guardian must sign out the student unless a signed statement is on file that the student has permission to walk/ drive home. Notify the lead teacher or program director if a person other than those authorized will be picking up a student. If a student has not been picked up and no communication from the parent has been received by 5:45 PM, the local authority and/or Department of Student Services may be called for assistance with the student. **If three (3) late pick-ups occur the student will be suspended from the program for one (1) week. If more violations of this policy occur, this will result in the student's dismissal from the program.**

**Attendance Policy:**

Attendance is crucial for your student to succeed in our after-school programs. It has been found that intensity and duration are necessary for students to have improvements in report card grades, behavior, and state assessment scores. Students who attend for 30 or more days are eligible for incentives.

**Parent Involvement:**

Parent suggestions on enrichment offerings are always appreciated. The program director and lead teacher will keep parents informed about special events in the program through postings and newsletters and parents are encouraged to attend.

**Medication Policy:**

Antibiotics and over the counter medications such as cough syrup, aspirin, and cold medicines cannot be administered in the program.

**Discipline Policy:**

Students enrolled in the program are expected to exhibit behavior which does not disrupt or interfere with the school climate or the learning process and social interaction of other students. The program staff will enforce school rules as printed in the Tennessee High Student Handbook throughout the program hours. Parents will be notified when a major discipline problem occurs. After three (3) write-ups, a student may be suspended from the program for a period of 1-5 days. After suspension, if the student receives one (1) additional write-up, it will result in a second (2<sup>nd</sup>) suspension. On the fifth (5<sup>th</sup>) total write up, expulsion from the afterschool program will occur. If a student is dismissed from the program, he/she is not eligible for re-enrollment for the duration of the school year.

An exception to this policy is when a major incident (deemed by the Program Director) occurs. This will result in immediate suspension. The Zero Tolerance Policy for the school district applies for the program. Parents are asked to cooperate with the school staff in stressing the importance of good behavior patterns for all students. It is imperative that parents work with the program director to correct any behavior that is interfering with the student's success in the program. This cooperation keeps the program fun as well as instructionally sound.

**Nondiscrimination Policy Statement and Comptroller's Notice:**

Nondiscrimination Notice: It is the policy of the district's Board of Education not to discriminate on the basis of sex, race, national origin, creed, age, marital status or disability in its educational programs, activities, or employment policies as required by Title VI and Title VII of the 1964 Civil Rights Acts, Title IX of the 1972 Educational Amendments and Section 504 of the Federal Rehabilitation Act of 1973.

Citizens and agencies are encouraged to report fraud, waste or abuse in State and Local government.

**NOTICE:** This agency is a recipient of taxpayer funding. If you observe an agency director or employee engaging in any activity which you consider to be illegal, improper or wasteful, please call the state Comptroller's toll-free Hotline: **1-800-232-5454**. Notifications can also be submitted electronically at:

<http://www.comptroller.tn.gov/hotline>. After-school programs abide by the State Board of Education School Administered Child Care Rules found at: <http://sos.tn.gov/>

**Tennessee Department of Education Summary of Child Care Approval Requirements:**

All parent/guardians are required to review the Tennessee Department of Education Summary of Child Care Approval Requirements which is available online on the Bristol TN City School website at [www.btcs.org](http://www.btcs.org)

*All questions concerning policies and procedures of the program should be addressed to the Program Director, Tracy Easterling ([easterlingt@btcs.org](mailto:easterlingt@btcs.org)) at (423) 652-9449.*

**\*\*Please keep this parent manual for further reference. Detach the following forms and return them (completed and signed) to the Tennessee High School Counseling Office or bring to the After-School Program Lead Teacher.**

## **After-School Programs at Tennessee High School Sign-up Form**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

### **Parent/Guardian Information:**

Name of Mother: \_\_\_\_\_ Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **For Student's Safety, List All Persons to Whom Student May Be Released:**

(Do not leave blank)

| Name  | Phone # | Name  | Phone # |
|-------|---------|-------|---------|
| _____ | _____   | _____ | _____   |
| _____ | _____   | _____ | _____   |
| _____ | _____   | _____ | _____   |

### **List All Persons To Whom Student MAY NOT Be Released:**

(Parent must provide legal documentation to support this request.)

| First Name, Last Name | First Name, Last Name |
|-----------------------|-----------------------|
| _____                 | _____                 |
| _____                 | _____                 |

**It is a requirement that parents come in and sign their students out each day. If you prefer to give your student permission to walk/ drive home instead of your having to sign your student out, please sign below:**

I give my child permission to walk or drive (circle one) home from the After-School Program.

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

\_\_\_\_\_  
Date

**\*\*Please leave this section blank if you plan to pick up and sign-out your child every day by 5:30 (You DO NOT give permission to walk or drive).**

**Please read and initial each:**

- \_\_\_\_\_ 1. My child has permission to participate in all after-school activities, including field trips.
- \_\_\_\_\_ 2. I grant permission for my child to be used in media releases that benefit the after-school program.
- \_\_\_\_\_ 3. I know that I am welcome and invited to come visit and tour the program facilities at Tennessee High School.

***Student and parent suggestions for additional enrichment offerings are appreciated.***

- \_\_\_\_\_ 4. I understand that Tennessee High School provides liability insurance to all its programs. It is my responsibility to provide accident insurance for my student participating in the program.

\_\_\_\_\_ 5. In the event of an emergency, I hereby give permission to after-school program staff to secure proper medical treatment for my child. If I cannot be reached, I hereby give permission to emergency personnel selected by after school program staff to order x-rays, routine tests and treatment for the health of my child. I also give permission to emergency personnel selected by after-school program staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child.

\_\_\_\_\_ 6. I understand that all students attending the program are expected to exhibit behavior which does not disrupt or interfere with the school climate or the learning process and social interaction of other students. **The program staff will enforce school rules as printed in the Tennessee High Student Handbook throughout the program hours.** Parents will be notified when a major discipline problem occurs. After three (3) write-ups, a student may be suspended from the program for a period of 1-5 days. After three (3) suspensions, the parent may be asked to withdraw the student from the program. If a student is dismissed from the program; he/she is not eligible for re-enrollment for the duration of the school year.

\_\_\_\_\_ 7. I understand my student or I may be asked to complete survey information regarding the program/classes for evaluation purposes, and I agree to participate and have my student participate in such. I also consent to the release of my student's academic information including grades, student conduct, attendance records, and standardized test scores for evaluation purposes.

\_\_\_\_\_ 8. My child's immunization records and health forms are on file at Tennessee High School and are current.

\_\_\_\_\_ 7. I have reviewed the Tennessee Department of Education Summary of Child Care Approval Requirements that is available online at [www.btcs.org](http://www.btcs.org)

The completion of the student information form enrolls my student into the after-school program. It is my responsibility to update the information contained in this form as needed. **I have received and read the After-School Programs parent manual and agree to abide by all requirements.**

Signature of Parent/Guardian: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Detach these forms and return (completed and signed) to the Tennessee High School Counseling Office.**