



Building Bridges Afterschool Program

Bald Eagle Valley Community United Methodist Church
111 Runville Rd., Bellefonte, PA 16823 Phone: 814-353-8870

AFTER-SCHOOL PROGRAM INFORMATION FOR THE 2021/2022

(Please retain this page for your information)

HISTORY

This program was established at the Bald Eagle Valley Community United Methodist Church by Gay Kline, a retired elementary school teacher and church member. She became aware that families within the congregation were in need of affordable after-school care and recognized that the church's convenient location next to Wingate Elementary School made it a logical choice.

MISSION

We are committed to providing a quality childcare program that is safe, loving and affordable with a Christian emphasis and nurturing atmosphere.

PROGRAM SUMMARY

- This program serves Kindergarten through 5th grades students from Wingate, Howard, Mt.Top and Port Matilda Elementary Schools.
- Hours are 3:00 pm to 6:00 pm.
- Children are escorted from Wingate Elementary to Bald Eagle Valley Community United Methodist Church by Building Bridges staff.
- Positive, ethical attitudes are encouraged and each child's worth as a unique creation of God is recognized.
- A quiet time and homework help is provided.
- A snack is provided every day. No personal food from home is allowed unless child has previous permission because of dietary restrictions.
- Indoor and outdoor toys and play areas are available. No personal toys allowed.
- A variety of fun and educational activities are planned each week and include crafts, projects, etc. These are based on seasonal themes or other interests.
- Christian holidays are celebrated.
- All Building Bridges caregivers have clearances and have received Safe Sanctuaries training.
- Full-time or part-time care options are available.
- Personal electronic devices are prohibited. These items must remain in the child's backpack unless they are needed for homework or in case of an emergency.

Please call the church office: 814-355-8870 or email us at bevbuildingbridges@outlook.com for additional information.



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2021/2022 REGISTRATION FORM – Page 1

1. Child's Information		
Child one:		
Childs Name:	Gender: Female _____ Male: _____	
Elementary School:	Teacher: _____	Grade: _____
DOB:	Special Needs: Yes _____ No _____	
Tell us about your child – please include information that would be helpful to staff in caring for your child, including any special needs information:		
Child two:		
Childs Name:	Gender: Female _____ Male: _____	
Elementary School:	Teacher: _____	Grade: _____
DOB:	Special Needs: Yes _____ No _____	
Tell us about your child – please include information that would be helpful to staff in caring for your child, including any special needs information:		
2. Parent/Guardian Information:		
(1) Name:	Relationship to child:	
Address:		
Phone 1 st :	Phone 2 nd :	
Email:		
Company/Employer Name:	Work Phone No.:	
(2) Name:	Relationship to child:	
Address:		
Email:		
Company/Employer Name:	Work Phone No.:	
Child resides with: _____ Father _____ Mother _____ Both _____ Guardian _____ Other (specify) _____		



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2021/2022 REGISTRATION FORM – Page 2

3. Student Pick-up/Release Permission:

Please list anyone allowed to pick up your child. Identification by photo ID may be required at any time.

Persons authorized to pick up my child:		
Name	Relationship to child	Phone No.

3. Health/Medical History

Allergies:		
Disability of chronic or recurring illness:		
Operations or serious injuries (dates):		
Medications:		
Physician Name and Phone No.:		
Dentist Name and Phone No.:		
Medical Insurance Co.	Insurance Phone No.	Insurance ID and Group
Names and phone numbers of Persons who will assume responsibility of parent/guardian cannot be reached.		
1.		
2.		

In case of accident or serious illness, 911 will be called and parent/guardian contacted. Payment of any fees will be the responsibility of the parent/guardian.



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3. Fees/Payments

The mission of our program is to provide quality, low-cost childcare. The guidelines listed below were developed to be clear, consistent, and fair to all participants in the BBAS program. We understand the difficulties families with school age children face and do not want to deny childcare to anyone willing to make a reasonable arrangement that is fair to other participants and the program itself. Limited economic assistance may be available for qualifying families to receive reduced rates. To qualify, a Confidential Fee Adjustment Form must be submitted along with this registration form. Contact the Church Office to obtain this form.

Please Initial	Parent Statement of Understanding
	One week's tuition is due with registration form. To encourage early registration, a one-week's tuition coupon will be given for registrations submitted and paid before the first week of school.
	Payment for each school week is expected during or before that week. A written request must be submitted if another payment plan is desired. Child may be removed from program for failure to pay tuition fees in a timely manner.
	A weekly payment schedule for the year will be provided based on the school calendar. Full tuition for each week is required regardless of absences or school cancellations.
	Building Bridges is cancelled if the school has an early dismissal or if the school is closed. Cancellation days will be added at the end of the year at no charge.
	Hours are from 3:00pm – 6:00 pm. Late fees will be assessed for picking up children after 6:00 pm. \$10 – 1-15 min. late, \$20 – 16 – 30 min. late,
	Caregivers are not responsible for financial matters. Any financial questions or concerns should be addressed to the director or financial secretary. Confidentiality will be maintained.
	A written request for termination or change in childcare must be requested two weeks prior to the change. In the event of a prolonged absence, someone on the waiting list may fill the space.
Parent/Guardian Signature:	



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Payment Agreement:

1st Child's Name:	
\$ _____	Full Time (4-5 days/week) \$60/week
\$ _____	Part Time (1-3 days/wk.) \$42/wk. Please circle days attending: M, T, W, TH, F
2nd Child's Name	
\$ _____	Additional Child: Full Time - \$15/wk., Part Time - \$9/wk Please circle days attending: M, T, W, TH, F
\$ _____	Total Tuition per family
Signature of Parent(s)/Guardian responsible for payment:	

4. Photograph Release Agreement

Please Initial	
	I grant permission for photographs/videos, which include my child in Building Bridges records, program projects, marketing, and public relations to be used in media releases and social media to benefit program.
	I grant permission for photographs/videos, which include my child to be used at Building Bridges (for safety reasons), visual displays, photo albums, and art projects. These photos will stay in the church building only.
Parent/Guardian Signature:	



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5. Homework Agreement

A quiet time is allotted each day for homework and reading. Expectations for completing homework assignments while at the program vary from parent to parent. This agreement is between you and your child, and indicates if you want your child to do homework while in our care. The role of the Afterschool Program Staff is to enforce the agreement that you and your child have made. Once your child completes the amount of homework indicated, your child will be free to participate in the other activities offered by the program. Please indicate which agreement you and your child have made:

- _____ My child will do homework for 15-30 minutes each day.
_____ My child will not do homework while at the program.

7. Absence from Building Bridges

It is the parent/guardian's responsibility to contact Building Bridges if their child should not be attending Building Bridges on their scheduled day. Building Bridges is not affiliated with the Bald Eagle school, so sending a note to the school or teacher does not inform us that we are not supposed to pick up your child on that day.

Initial	I understand that I must notify Building Bridges if my child is not attending Building Bridges on their scheduled day.
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I have read and choose to comply with the contents of this form for the Building Bridges Afterschool Program.

Parent/Legal Guardian Signature:

_____ **Date:** _____