The Hive
At Belview Elementary School
A Before and After School Enrichment Program
For Students at Belview Elementary School
Parent Handbook
2019-2020

Belview Elementary School
The Hive Phone: 540-267-5070

Montgomery County Public Schools is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex, disability and/or age in its activities, programs, or employment practices as required by Title VI, Title IX, and Section 504.

For information regarding civil rights or grievance procedures, contact the Title IX Coordinator or the Section 504 Coordinator at 750 Imperial Street, Christiansburg, Virginia, 24073, telephone number 540-382-5100.
For information regarding services, activities, and facilities that are accessible to and usable by disabled persons, contact the Director of Facilities at 540-382-5141.
The Hive Philosophy

Montgomery County Public Schools and Belview Elementary School’s The Hive’s mission is to provide a caring, safe, and engaging before and after school enrichment program for children in grades K – 5. Our goal is to enrich your child’s social, emotional, cognitive, and physical development through a fun, semi-structured before and after school program. It is important to us for children to have plenty of opportunity to unwind and enjoy being kids!
Activities @ The Hive

- Being Healthy in Our World: Recreational & Free Play, Healthy Snacks
- Exploring Our World: Creative Play, Building, Art, Technology, Inquiry
- Connecting with Our World: Field Trips, Guest Visitors
- Making Our World Smarter: Curriculum-based Interactive Enrichment Activities, Homework Help
- And much more!

Our Goals are to:

- Help children develop healthy self-esteem
- Allow children to learn through discovery and play
- Offer developmentally appropriate activities that help children develop physically, emotionally, intellectually, and socially
- Provide space, equipment, and teachers that aid in children’s development
- Involve children in some aspect of planning their own activities
- Increase families’ sense of community with other families
- Communicate with parents on a regular basis to strengthen school/home relationships
- Develop knowledge, interests, and skills in his/her related activities
- Develop opportunities for children to improve personal and social skills such as respect, honesty, responsibility, and caring
- Emphasize practices that are healthy and safety-concerned
- Encourage each child to have FUN!

The Hive staff members have been selected based on their educational background, experience, and commitment to working with children.

ADMISSION AND REGISTRATION PROCEDURES

Enrollment forms are available on the BES webpage or may be obtained at the school. Upon turning in completed Enrollment Packet, you will be notified if your child is enrolled in The Hive @ Belview Elementary. At this time, a $35.00 registration fee will be due. Completed paperwork should include authorization for emergency medical care and a signature on the statement that the parent will arrange to pick up a child as soon as possible upon notification of illness. Enrollment is taken throughout the year in accordance with space availability. Children’s records will be treated confidentially.

Legal Paperwork

For legal purposes, The Hive @ Belview Elementary School must have legal paperwork on file regarding custody matters.

TIMES & SCHEDULE OF OPERATION

Before-school hours: 6:45 a.m.-8:45 a.m. Do not leave your child without being signed in and The Hive @ BES staff being present and knowing you have arrived.

After-school hours: 3:45 p.m.-6:00 p.m. Please remember to sign your children out each evening. Anyone other than parents must provide identification and be an authorized contact in order to pick-up children.
We will be open on designated holidays and teacher workdays @ 6:45 am, provided that enrollment reaches 12 children for the day.

**Full Day Hours are:** 6:45 a.m. to 6:00 p.m.  **Early Release Days:** 1:15 p.m.-6:00 p.m.

Teacher workdays/professional days follow the public school listing.

The Hive @ BES will be closed on the following days:
- Labor Day – September 2
- Thanksgiving Break – November 27-29
- Winter Break – December 24 -January 1
- Martin Luther King Jr.-January 20
- President’s Day – February 17
- Spring Break – April 8-13
- Memorial Day – May 25
- Summer Vacation Week - June 8-12
- Independence Day-July 4th

In rare cases, we may be closed at other times for staff training or if staff are ill with a communicable disease and we are unable to obtain suitable substitutes. On these days, we will plan to notify parents by phone by 12 p.m. for the afternoon program and by 6:00 a.m. for the morning program.

**Summer Program 2020:** June –August 7:00 a.m. - 6:00 pm.

**FEES**

All fees are due by the first day of the month (or the first Monday of the month). There will be a late charge of $5 for payments received after the due date. Delinquent accounts may result in dismissal from the program. The annual budget is calculated by a certain number of full-time, paying customers making it necessary to charge a monthly fee regardless if a child is absent. **The program does not pro-rate.** This includes inclement weather days/snow days, early dismissal days, teacher work days, and early end to the school year.

1. Parents may pay once a month. The monthly fee is due by the first day of the month (or the first Monday of the month).
2. A $25 service charge will be charged for each returned check.
3. **Parents will be charged a $1 late fee for every minute after 6:05 p.m.** We allow a five-minute grace period by our clock before you are considered late picking up your children.
4. This fee is to be paid directly to the staff member who closes the program. The staff will remain on-site with the child until a parent is reached. A parent may contact the closing staff by calling The Hive @ Belview Elementary phone.

*Program Director*

*School Principal*

Lori G. Comer, Ed. D. Principal
Rates for The Hive
Before/After School Enrichment Program at Belview

Due With Registration

<table>
<thead>
<tr>
<th>1st Time Enrollment Fee</th>
<th>1 Child</th>
<th>2 Children</th>
<th>3 Children</th>
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<tr>
<td></td>
<td>35</td>
<td>60</td>
<td>85</td>
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**Full time Rates (AM & PM)**

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<th>3 week</th>
<th>4 week</th>
<th>5 week</th>
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<td>month</td>
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<tr>
<td>per month</td>
<td>$240.00</td>
<td>$304.00</td>
<td>$380.00</td>
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<tr>
<td>weekly</td>
<td>$80.00</td>
<td>$80.00</td>
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3 week month = Aug, Dec 4 week month = Sept, Nov, Jan, Feb, Mar, Apr, May 5 week month = Oct

**AM Only Rates**

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<th>3 week</th>
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<td>month</td>
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<tr>
<td>per month</td>
<td>$100</td>
<td>$140</td>
<td>$170</td>
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<tr>
<td>weekly</td>
<td>$35.00</td>
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**PM Only Rates**

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<tr>
<td>per month</td>
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<td>$180</td>
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<tr>
<td>weekly</td>
<td>$47.00</td>
<td>$47.00</td>
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**There is a 10% per month sibling discount**

**Flex Hourly Card**

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<thead>
<tr>
<th></th>
<th>20 hour card</th>
<th>40 hour card</th>
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<tbody>
<tr>
<td></td>
<td>$160.00</td>
<td>$320.00</td>
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<tr>
<td>0-30 mins</td>
<td>$4</td>
<td>$8</td>
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<tr>
<td>31-60 mins</td>
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**Teacher Work Days, Holidays, Inclement Weather Days**

|                      | Full Time (AM & PM) | Additional $25.00 per day | There is a $5 per day discount sibling discount! |

Inclement Weather Policies

- All information in this section is subject to change at the discretion of MCPS, Belview Administrators, or the Hive Director to ensure the safety and care of students.
- The Hive Director will send an email and a Remind message regarding inclement weather decisions. Messages will not come from the school principal.
- It will be the parent’s responsibility to check local school closing listings or call the MCPS Information Line @ 382-5102. Parents may also call The Hive phone for a message concerning closings or changes in openings.
**Code 1:** 1-Hour Delay: The Hive @ Belview Elementary opens at 6:45 a.m. as usual.

**Code 2:** 2-Hour Delay: The Hive @ Belview Elementary opens at 7:30 a.m.
*There is no additional fee for either 1 or 2 hour delays.*

**Code 3:** The Hive @ Belview Elementary School opens at 8:00 a.m.

**Code 4:** The Hive @ Belview Elementary School will be CLOSED.

**Code 5:** The Hive @ Belview Elementary School will open at 10:00 a.m.

**MCPS Early Dismissal due to inclement weather:** The Hive @ Belview will remain open unless otherwise directed by MCPS or Belview Administration

**GENERAL INFORMATION AND POLICIES**

1. The Hive serves Belview Elementary students currently in grades K – 5.

2. It is the responsibility of the parents to keep proper registration information and current phone numbers in their child’s The Hive permanent records. Services may be withheld if this information is not provided.

3. The parent should inform The Hive if their child is to be absent in the afternoon by **calling the office or writing a note and sending it to the office** at Belview Elementary School. This should be a note in addition to any notes sent to the child’s teacher. If a child is to be absent on full-days of care, please let the staff know by 8:30 a.m.

4. Children are not permitted to carry personal cell phones.

5. If you wish to contact The Hive, you can call the program’s cell phone at 540-267-5070. During program hours, please try more than once if the staff are unable to answer at that time.

6. Parents who have children who require medication for serious medical conditions **must** provide medications for The Hive (in addition to medications provided during school hours). The parent must complete an “Authorization to Give Medication” form if the child requires medication while at the program. Medicines must be in original containers. Please give specific instructions. **If medication is to continue for more than 10 days,** a letter from the physician is required along with the form. When needed, medication shall be refrigerated. Staff will keep records about the administration of medication and will inform parents of any adverse reaction to medication administered and any medication error. Medication shall be returned to the parents as soon as it is no longer needed.

7. Students are not permitted to attend The Hive if they have:
   - fever
   - contagious illness
   - vomiting and/or diarrhea
   Parents are required to pick-up their child as soon as possible if he/she becomes ill while in The Hive. As with MCPS school policy, students will not be allowed to return to The Hive until the student has been symptom free for 24 hours.

8. Whenever possible, the parent(s) should call the program at 540-267-5070 when he/she will be late for pick-up. Alternate arrangements should be considered. Continued late pick-up may result in suspension or termination of services. It is The Hive policy that when a child is not picked up by 6:05 p.m., a call shall be made to the parents and those authorized to pick up the child. If no one can be reached, The Hive Director will be notified and a staff member from The Hive will stay at the school until a parent or authorized person arrives. After 6:30 p.m., the proper authorities will be notified to ensure the child’s safety. This will result in immediate termination from The Hive unless it was an unavoidable emergency.
9. Children are to be signed out by a parent(s), guardian(s), or authorized person(s). They are not allowed to leave alone or without accompaniment of an authorized adult. The Hive staff will only release your child(ren) to individuals listed on the application form. If someone not listed in the child’s permanent file, is to pick up your child, you must send a note to The Hive Director via the office, authorizing this person by name. We will ask for proper identification and then release your child.

10. Children must be signed in to morning school care. Child(ren) will then be released into the public school supervision at 8:45 a.m.

11. Afternoon children will come to the multipurpose room and will be checked in by The Hive staff person.

12. Parents are required to notify the Program Director of any changes in the child’s health history and immunizations that are received after enrollment.

13. Parents who wish to withdraw their child, are required to give a two-week, written notice and are responsible for the two weeks of fee payments for childcare.

14. Field trips for The Hive Summer Program will be provided. The Montgomery County Public Schools will provide transportation for field trips. Parents will be informed in advance of a planned bus trip but the generic permission slip signed as a part of the child’s application gives The Hive permission to take your child on supervised excursions throughout the year. No trip will happen until all the children have arrived for the day or afternoon. If parents know that their child will be arriving later than the trip departure time, it is their responsibility to bring the child to the location of the trip and then sign-in the child.

15. If the student is arriving late to the program for the day, it is your responsibility to find the group. You may not leave your child unattended. Areas you may find the group may include the playground, library, art room, computer lab, or multipurpose room.

SAFETY FIRST!

- An “Accident/Incident Report” form is used for any serious injury, accident, or occurrence. The information is recorded, signed by staff and parent, and filed. Two copies will be made; one for the parent and one to be placed in the child’s file by the attending staff member.
- A CPR and first aid staff member will be on site.
- All staff will actively supervise children outside. All staff have been trained to cover the areas of outside play. A designated person will accompany all children when entering or exiting the school.

ACCIDENT & EMERGENCY SITUATION POLICY

If your child is involved in an accident or exhibits severe physical distress at The Hive, these steps will be taken:

1. An accident report will be completed for all serious injuries. Parents will be contacted as soon as possible.
2. Missing Child: If a child is missing, immediate action will be taken to locate the child. Parents, school administration, and the police will be contacted immediately.

Safety is everyone’s concern. Please review the following points with your child(ren)

- There will be a consistent set of rules for children to follow concerning clothing, toys, and expected behavior. These rules will be established with each child at the beginning of his/her attendance.
- Loose strings should never be worn on children’s clothing.
- Personal toys and electronic devices are only allowed when scheduled in advanced by the program director.

PLAYGROUND POLICY
1. Children will only be allowed to play in designated areas of the playground within supervision of staff.
2. Children are not allowed to have any toys or balls on the playground equipment.
3. Children are not allowed to climb on the tops of playground equipment.
4. Rules of the school are in place during The Hive @ BES

**Safety procedures for the swings**
1. Children should be seated and should hold on to the swings at all times.
2. Children are not permitted to jump off the swings.
3. Children are not permitted to swing side to side, or bump other children.
4. Children will be instructed not to walk close to the swings to avoid the danger of being hit or knocked down.

**FOOD POLICY**
1. The Hive will provide healthy snacks for the children during the afternoon session compliant with standards of the Health Department.
2. Children are NOT allowed to bring snacks from home unless a child has a particular food allergy.
3. During full-day care, parents should have their child bring a bag lunch to school in a container or lunch box, clearly marked with the child’s name. Items will not be refrigerated and should not require microwave heating.
4. During the summer program, children are required to bring a lunch from home.
5. When necessary, a special “Allergen Free” table will be provided for children with peanut and other food allergies.

**DISCIPLINARY AND BEHAVIOR MANAGEMENT POLICY**
Basic rules of safety and conduct will be communicated to the child by the parent and staff. Parents will be informed by phone, in writing and/or through parent conferences if their child displays difficult or inappropriate behavior.

A set of guidelines has been developed to help eliminate behavioral problems before they occur. It is our hope that these guidelines will strengthen the lines of communication between staff and parents and help solve problems that occur.

1. A problem is cited or made evident to the staff.
2. The staff/staff member will consult with the child to correct the behavior.
3. The child will be given a warning.
4. If the behavior continues, the child will be given the following consequences:
   a. Loss of 5 minutes of free play.
   b. Loss of 10 minutes of free play.
   c. Child fills out think sheet for parents to sign.
5. If the problem continues, the staff member talks with the child and parent together.
6. If the problem continues, a meeting is called between the child, parent(s), staff member, program director, and a building administrator to devise a plan to correct the behavior.
7. If correction of the behavior does not occur, the child will be suspended or expelled from the program.

If termination from the program is necessary, the parents will be given a one-week period for obtaining new services. Immediate termination may occur if Montgomery County administrative staff determines the children’s safety and welfare is at risk. Should termination occur, the parent is responsible to pay fees only through the last week of their child’s enrollment.

NOTE: From time to time, it may be necessary to make policy changes. Changes will be given in writing. It is the parent or guardian’s responsibility to add new policies to their handbook.
MCPS The Hive Education and Enrichment Program Enrollment Form  
Belview Elementary  
Radford, VA 24141

<table>
<thead>
<tr>
<th>Today's Date</th>
<th>Date of Enrollment</th>
<th>Date of Withdrawal</th>
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</thead>
<tbody>
<tr>
<td>Child’s Last Name</td>
<td>Child’s First Name</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>House Number</td>
<td>Street</td>
<td>Primary Phone Number</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

Name of Parents or Guardians

Mother’s E-mail Address (please print clearly)  
Father’s E-mail Address (please print clearly)

Is your child a student at a school other than BES?  
Yes or No

My Child will attend:  
(please circle one)  
Full Time Childcare  
AM & PM  
AM Childcare Only  
PM Childcare Only

Grade child is in as of today’s date:  
Do you want your child to do homework during the afternoon session?  
Yes or No

Child’s Likes

Child’s Dislikes

Favorite Snack  
Favorite Activity

Mother’s Name  
Employer  
Cell Phone

Home Address (if different from child’s)  
Work Phone

Normal Work Hours or Schedule

Father’s Name  
Employer  
Cell Phone

Home Address (if different from child’s)  
Work Phone

Normal Work Hours or Schedule

Person(s) or Agency Having Legal Custody of Child

Home Address  
Primary Phone

Agency Address  
Agency Phone
Medical / Emergency Information

Please list any allergies or intolerance to Food, Medication, Bees, etc.

Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed

Treatment prescribed for above allergies and any medical conditions

Please list any foods your child may not or cannot eat

Are your child's immunizations current? Yes or No
Please attach a current copy of both immunization & physical forms used by the Virginia Department of Health

Please list any actions to be taken in case of emergency

<table>
<thead>
<tr>
<th>Child's Physician &amp; Address</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>Preferred Hospital &amp; Address</td>
<td>Phone</td>
</tr>
</tbody>
</table>

Health Insurance Carrier:

Subscriber's Name:

Group Number:

ID Number:
In the event of an emergency and you cannot be reached, please list at least 2 emergency contact persons who are authorized to act on behalf of your child.

**Emergency Contacts**

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<tr>
<th></th>
<th>Name</th>
<th>Relationship to child</th>
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<tbody>
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<td>1</td>
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<tr>
<td></td>
<td>Address</td>
<td>Cell Phone</td>
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<th>Name</th>
<th>Relationship to child</th>
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<td></td>
<td>Address</td>
<td>Cell Phone</td>
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<th>Name</th>
<th>Relationship to child</th>
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<tr>
<td></td>
<td>Address</td>
<td>Cell Phone</td>
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</tbody>
</table>

**Pick-Up Policy**

The following information will allow The Hive Program to release your child to these individuals only. If someone not listed is to pick up your child, YOU MUST SEND A NOTE OR PHONE THE HIVE Director with a name and description of the person. We will ask for proper identification before we release the child.

I agree that the following people may pick up my child/ren. Please notify these people that you have put them on the application. The Hive staff may release my child/ren to the following people.

**Please list any and all persons authorized to pick up your child/ren.**

**Complete addresses are required.**

<table>
<thead>
<tr>
<th></th>
<th>Address</th>
<th>Phone</th>
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<tbody>
<tr>
<td>1</td>
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Person(s) NOT Authorized to pick up my child/ren *

* Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
CHILD’S EMERGENCY MEDICAL AUTHORIZATION
(To be used in the event of a medical emergency)

Child’s Name_________________________________________
Date of Birth________________________________________
Mother’s Name________________________________________
Father’s Name________________________________________
Home Address_________________________________________
Primary/Home Phone___________________________________

Mother’s Employment__________________________________ Telephone________________________
Address_______________________________________________
Father’s Employment__________________________________ Telephone________________________
Address_______________________________________________

Known Allergies (Including medications)____________________

As Parent or Guardian, I authorize The Hive Program Director to obtain immediate medical care and consent to hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to, my child or ward if an emergency occurs when I cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when I cannot be reached. Otherwise, I expect to be notified immediately.

I will be responsible for payment of medical care expenses,

1. Medical treatment costs are covered by:
   a. Insurance Carrier______________________________
      Policyholder__________________________ ID No.________
      Group No.__________________________
   b. Medicaid Coverage No.__________________________
   c. Other Insurance______________________________
      ID Number____________________________
   D. No Insurance__________________________________

Child’s Physician____________________________________ Phone Number______________________

My child is enrolled in the MCPS The Hive Education and Enrichment Program and I agree to authorize the staff to seek emergency treatment in the event that I cannot be reached.

_________________________________________ Date ______________________

Parent/Guardian Signature

_________________________________________ Date ______________________

Program Director Signature
EMERGENCY SHEET

The following information is requested for your child’s personal file in case of an emergency.

Child’s Name ___________________________ Birth Date____________________
Address______________________________________________________________
City/State__________________________________ Zip Code__________________

Mother’s Name_______________________________________________________
Work Phone__________________________ Cell Phone_______________________
Email Address________________________________________________________

Father’s Name_______________________________________________________
Work Phone__________________________ Cell Phone_______________________
Email Address________________________________________________________

Please list two emergency contacts in order of preference:

1. Name__________________________Relationship________________________
   Home Address_______________________________________________________
   City/State__________________________________ Zip Code__________________
   Cell Phone__________________________Work Phone_____________________

2. Name__________________________Relationship________________________
   Home Address_______________________________________________________
   City/State__________________________________ Zip Code__________________
   Cell Phone__________________________Work Phone_____________________

Allergies (foods, medications, bees, etc)
____________________________________________________________________
____________________________________________________________________
ENROLLMENT AGREEMENT

When signing BELOW, this will CONFIRM that you have read the Parent Handbook and understand, agree with, and agree to abide by its contents and each of the following statements.

I am enrolling my child, __________________________, in MCPS The Hive Education and Enrichment Program.

I give permission and authorization for the staff to get emergency medical care for my child in the event I cannot be reached ________ (initials)

I will be responsible for the payment of medical expenses. _________ (initials)

If the staff notifies me that my child is ill, I will pick him/her up as soon as possible or arrange for another person to do so. ________ (initials)

I give permission for my child to take part in all authorized field trips or neighborhood walks. I agree to pay the fees that pertain to any field trips, that I have been given advance notice about. ________ (initials)

I grant permission for my child to participate in the activities and in the use of equipment at MCPS The Hive Education and Enrichment Program. ____________ (initials)

I grant permission for my child to be included in MCPS The Hive Education and Enrichment Program pictures and for these to be used for publicity purposes. ________ (initials)

I have read and understand the MCPS The Hive Education and Enrichment Program Disciplinary & Behavior Management Policy. ________ (initials)

I understand that the health history form must be completed and turned into the Program Director for my child to be fully enrolled. ________ (initials)

I understand that if payment is not made to Belview Elementary at the specified time, my child may be dismissed from the program. ________ (initials)

I understand if my child is admitted to the program, appropriate social behavior is required for students to continue in the program. ____________ (initials)

For further understanding between the MCPS The Hive Education and Enrichment Program and the parent/legal guardian, I acknowledge that I have read the parent handbook. I also understand my responsibilities and will comply with its policies and procedures while my child attends the MCPS The Hive Education and Enrichment Program.

_________________________ Date

Mother’s signature or Legal Guardian

_________________________ Date

Father’s Signature or Legal Guardian