



## **Before and After School Extended Services Program**

**Registration:** All parents must enroll their child in the Before/After Care program prior to the child attending the program. There is a non-refundable \$15 Registration Fee per family is due at the time of registration. You may enroll in the Before Care program, After Care program, or both.

**Fees:** Account payments are due the week prior to using the services.

**Before Care (7:00 AM – 8:00 AM)**

Daily Rate = \$5

**After Care (3:00 PM – 6:00 PM)**

Daily Rate = \$10.00

**Operation:** The Before Care program operates from 7:00-8:00 AM and the After Care program operates from 3:00-6:00 PM, during regular school days. Breakfast will not be provided for the morning program. However, you may send your child with dry cereal, a granola bar, etc...if necessary. Morning care will generally be indoors. A snack and a drink may be provided for the afternoon program.

**Before Care Program Arrival Procedure:** All parents will park and escort their child(ren) into the Before Care program assigned program area to sign them in with the before care personnel in the morning. Students will not be permitted into the school before 7:00 AM.

**After Care Program Arrival Procedure:** Children will be escorted to the After Care program by a teacher or support teacher as soon as school is dismissed. They will then follow their appropriate After Care schedule.

**Departure Procedure:** Parent/Guardians will park in the parking lot (**Do not park in front of the school in the pick-up/drop-off area**) and escort their child(ren) out of the building after signing them out with the after care personnel. The only person(s) authorized to pick up the participant are those listed on this form and photo ID must be shown. Please carry one with you at all times. Students must be picked up by 6:00 PM. Late fees will be charged for every ten (10) minutes beginning at 6:01 PM (**\$5 per 10 minutes**). Children will only be released to those individuals listed on the emergency cards and/or authorization list. Authorities and/or Child Haven will be notified if children have not been signed out by 6:45 PM.

**Parents/Guardians that are late picking up their child(ren) more than three times during one month may be terminated from our program.**

**Student Behavior and Discipline Policy:** Students are expected to be respectful and responsible at all times. Behavior deemed disrespectful or hurtful to others will not be tolerated and a parent conference will be scheduled. Any student that injures another person will be suspended from the program. If the behavior continues, the child will be terminated from the program and no refund will be given.

Students are required to follow the following basic school rules:

1. Always demonstrate proper behavior, before, during, and after school.
2. Be courteous to others.
3. The following behavior should never be exhibited:
  - A. Any type of fighting.
  - B. Intimidating, harassing, or threatening others.
  - C. The use of profane language, gestures, or behaviors.
  - D. Damaging and/or destroying property belonging to the school and/or others.
  - E. Leaving the school grounds without permission of the Before and After Care program.

**Discipline Policy:**

First Offense- Personnel/Student conference

Second Offense- Personnel/Parent/Student conference

Third Offense-Suspension from the program

Fourth Offense-Termination from the program

**Withdrawals**

There will be NO refunds of money paid to the before/aftercare program upon withdrawal from the program.

**Silver Sands Montessori Extended Services Program Enrollment Information**

Students, parents and caregivers, please fill out the following information and return this form to the office. This form is required to participate in the all of the extended day programs. Please keep us updated with your current mailing address and phone numbers at all times so that we may contact you as needed.

**Contact Information:**

Child's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: M F

Parent/Guardian name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Program Selection:**

Please select the program you are interested in:

Morning (7am-8am) on the following days: \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri

After School Program on the following days: \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri

**Medical Information:**

Does your child have health insurance? \_\_\_ Yes \_\_\_ No

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group \_\_\_\_\_

Family Doctor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

In case of emergency and the parent or caregiver cannot be reached, please notify:

Name \_\_\_\_\_ Relationship to family \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please list any current medications, medical conditions, recent injuries, and food or drug allergies:**

**Silver Sands Montessori Extended Services Program, Continued**

**Dismissal/Sign Out**

My child may be picked up by the following adults (list all names):

\_\_\_\_\_  
Emergency Pick Up Contact (Please Print) Phone

\_\_\_\_\_  
Emergency Pick Up Contact (Please Print) Phone

\_\_\_\_\_  
Emergency Pick Up Contact (Please Print) Phone

**Health Care Authorizations**

If my child becomes ill, the After Care staff will notify me or emergency contacts and my child will have to be picked up. Medication will not be administered to a student by a staff member. This includes headache medication or antibacterial medication for cuts.

I authorize SSMCS' After School Program Coordinators and medical personnel to have access to health information in my child's file.

I authorize SSMCS' After School Program Coordinators, who are trained in the basics of first aid, to give my child first aid or CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care and to secure necessary medical treatment for my child. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to the SSMCS's After School Program in conjunction with any authorized event.

**Emergency Evacuation**

In the case of a catastrophic emergency, I give SSMCS permission to transport my child by reasonable means to a location deemed appropriate by SSMCS, police or fire departments. I understand I will be notified as soon as possible.

**General Release of Liability**

In consideration for being allowed participant privileges in any program of the SSMCS' After School Program, I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless the SSMCS' After School Program, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of the SSMCS After School Program and its partners is binding on me and not my heirs, personal representatives, successors, and assigns.

**Financial Agreement**

A fee of \$25.00 will be charged on all returned checks. After two checks have been returned due to Non-Sufficient Funds, your personal check will no longer be accepted as payment and all future payments will have to be paid by money order or cashier's check. **We encourage you not to pay in cash if at all possible.**

**Acknowledgement**

In the event my account goes to a collection agency, I understand that I will be responsible for all fees incurred, such as attorney's fees, court, mailings, and any fees the collection agency charges.

I understand that for my child to remain enrolled, payments must be kept current. I accept responsibility for these payments and agree to the policies and procedures above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name