

# Roosevelt Before & After School Program - Lower Campus

## 2019-2020 Registration Packet

### Policies & Procedures

#### Before School

Before school is a drop in program that runs from 7:15am-8:15am. You can utilize before school care as needed. It is expected that you pay on the morning that you use the service. Arrangements can be made for prepayment or for payment to be included with your after school invoice. Students must have page one of the attached registration form on file in order to attend.

#### After School

The After School Program is an enrichment time that includes homework help, circle time, centers, and outdoor play when weather permits. Snack is provided. An approved schedule is required as we will secure a seat for your child on the specific days that you need care. **You will be billed for the days your child is registered for (your child's reserved schedule), even if your child does not attend on a given day.** We reserve a seat for your child on the days that you request and we do not over-enroll any days in order to ensure that we can provide the best possible care for your child. For this reason, it is important that you are aware that payment is expected for your scheduled days even if your child is not able to attend.

After school will take place from 3:10-5:30pm. **We cannot accommodate late pick ups after 5:30pm. Any child picked up after 5:30pm will incur a late fee of \$1.00/minute.** Late fee payments are expected to be paid in cash on the day of the late pick up. Picking up late on a regular basis will result in your child being removed from the program.

#### Tuition

Before School: \$5.00 per day/per child, After School: \$20.00 per day/per child

Full Time Discount: Before & After School Monday through Friday: \$110 per week/per child

After School Sibling Discount: First child pays full price. Each additional sibling pays \$15/day.

A full time schedule of four or more days must be secured for the first sibling in order for the sibling discount to be in effect.

#### Payments

**Prepayment for the upcoming week is expected.**

We accept cash, checks, money orders, and vouchers payable to Roosevelt K-8 School.

Returned check fee: \$25.00/ returned check.

Invoices: Your invoice will be updated weekly on a shared Google Spreadsheet. A paper copy of your invoice will be sent home at the end of every month or weekly if we are not receiving pre-payment as expected.

*Failure to make regular weekly payments will result in your child being removed from the program.*

#### Dates in Session

The Before and After School Program will start on **Monday, September 9, 2019** and will run until the last full day of school. The Before and After School Program will not be in session when Boston Public Schools (BPS) are closed including holidays, snow days, and days when BPS cancels after school activities. *The after school program will not be open on early release days.* You will not be charged for days when the program is not in session.

#### Schedule Changes

If you need to make a permanent schedule change, please contact Mrs. Peterson. All schedule change requests need to be made in writing. Schedule changes will only be approved if space is available.

Our program is fortunate to have Roosevelt staff members working with your child, both before and after school. This will provide a seamless transition to and from the school day. We are committed to providing your child and family with quality service. If you have any questions or concerns, please feel free to contact Mrs. Peterson or Mrs. Faldasz. Thank you.

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## Student Information Form

I would like to register my child for:

Before School

After School

Before & After School

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

Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Medical Conditions/Allergies/Restrictions: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone #: \_\_\_\_\_

Email(s): \_\_\_\_\_

### Emergency Contacts

Name and Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name and Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

- *I have read the Policies and Procedures for the Roosevelt Before & After School Program and I agree to abide by these guidelines.*
- *I understand that there is no nurse on duty during before and after school times. In case of an emergency, before and after school staff will contact me.*
- *My \$15 registration fee is attached. (Registration fee only applies to after school registration. There is no registration fee if you are registering for before school only.*
- *I give permission for my child to take neighborhood walks around Hyde Park, play at Meigs Field, and visit local establishments with After School staff.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: Reg Fee: \_\_\_\_\_ Sched Secured: \_\_\_\_\_ Date Registered: \_\_\_\_\_

# Roosevelt Before & After School Program - Lower Campus

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## After School Schedule

**Please check the days you would like to add to your child's after school schedule.**

- No schedule is required for before school.
- *Please remember that you are responsible for paying for the days you are registered for even if your child does not attend.*

<b>Mondays</b>	<b>Tuesdays</b>	<b>Wednesdays</b>	<b>Thursdays</b>	<b>Fridays</b>

Please list all adults that have permission to pick up your child. For your family's safety, we will check ID's at pick up time.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- ***I have read the Policies and Procedures for the Roosevelt Before & After School Program and I agree to abide by these guidelines.***
- ***I understand that there is no nurse on duty during before and after school times. In case of an emergency, before and after school staff will contact me.***
- ***My \$15 registration fee is attached. (Registration fee only applies to after school registration. There is no registration fee if you are registering for before school only.)***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: Reg Fee: \_\_\_\_\_ Sched Secured: \_\_\_\_\_ Date Registered: \_\_\_\_\_