

Registration 2016-2017 SL+/Morning Care Enrollment

Student Information: (A separate form must be completed for each child)

Name of Child: _____ Age _____ Grade _____
Last First MI (as of 8/16) (16-17 school year)

I am enrolling my child for (check all that apply) **There is no registration fee.**

- _____ Morning Care \$45/month (regular daily attendance)
- _____ Morning Care \$5/day (drop in attendance)
- _____ SL+ \$155/month (regular daily attendance)
- _____ SL+ \$15/day (drop in attendance)

Parent(s) Names: _____ Home Phone: _____

Address: _____

Mom's Cell Phone: _____

Dad's Cell Phone: _____

Mom's Email: _____

Dad's Email: _____

Mom's Place of Employment: _____

Dad's Place of Employment: _____

Name of Person(s) other than parents who have permission to pick up your child(ren):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

SL+ & Morning Care

Initial each section listed below, then sign & date the last page.

TUITION_____:

_____SL+ Regular Attendance Rate is \$155 per child per month.

_____SL+ Drop-In Rate is \$15 per child per day.

_____Morning Care Regular Attendance Rate is \$45 per child per month.

_____Morning Care Drop-In Rate is \$5 a day.

PAYMENT OF TUITION _____: I understand that I am responsible for submitting monthly tuition payments in order to maintain my child's/children's participation in the before and/or after school program. I understand that I will be billed on my monthly statement for all care. I understand that if I register for continual care, I will be billed for the entire month regardless of the attendance of my child(ren.) SL+ program fees are billed on monthly SLES statements.

LATE OR UNPAID TUITION _____: If payment in full is not received by the 15th of the month, I understand that I will incur a late charge. I understand that if I owe two months of tuition, my child(ren) will be terminated from enrollment. In order to reenroll my child(ren), I must pay a reenrollment fee of \$35.00 per child. All reenrollment fees are subject to change with reasonable notice.

MORNING CARE HOURS _____: I understand that morning care drop off begins at 7:00 am. I may not drop off my child before 7:00 am.

CHARGES AND PROCEDURE FOR LATE PICK-UP (SL+ ONLY) _____: The SL+ Program is open from 2:45 PM – 5:45 PM Monday through Friday, except for holidays and other school closures as indicated on the current school calendar. This includes many early dismissal days. I understand that if I fail to pick up my child by the scheduled closing time (5:45 PM), I will be charged a late fee of \$5 per 5 minutes beginning at 5:50 PM until the child is picked up. The lead teacher is on-site until 6:00 P.M. each day.

DAILY SIGN IN AND SIGN OUT (SL+) _____: I agree to sign my child out every day using the program's attendance procedure. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the assigned SL+ classroom to pick up my child and that I must escort my child to and from the designated classroom and staff member each day. Siblings under the age of 16 are not allowed to sign out students. Anyone signing out a student must be prepared to show a picture ID and must be listed on the information sheet as authorized to pick up my child. I may send a signed and dated notice in writing, including phone number, if other pickup arrangements have been made."

ILLNESS_____: I understand that I will be notified should my child become ill during the day and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the lead teacher. Students should be free from diarrhea, vomiting, and fever -free for at least 24 hours before returning to the program.

MEDICAL EMERGENCY FORM _____: I understand that I will submit a completed copy of the attached medical emergency form, listing and detailing any allergies and special instructions. I will provide any needed medications for my child in its original packaging, inside of a Ziploc bag, labeled with my child's name. Directions for administration of medicine should be written on a note card and placed inside of the sealed bag.

ELECTRONIC DEVICES _____: I understand that my child(ren) may not bring any personal electronic devices to be used in the SL+ Program and the use of such devices is forbidden during the program. Should my child(ren) bring such devices to school, the SL+ Program is not responsible for the theft, loss, damage, etc. to any such devices. These devices include but are not limited to: mobile communication devices, electronic games, personal computers or tablets, etc. Use of BYOD program devices will be allowed only during allotted homework time and must be used for school assignments.

HOMEWORK _____: I understand that if my child(ren) are in grades 2nd-5th, he/she is expected to work on his/her homework during the established homework time. I understand that my child is expected to complete his/her homework on his/her own and that SL+ staff are there to help my child(ren) only if he/she gets "stuck." I understand that if my child does not complete his/her homework in the allotted time, he/she is to complete the unfinished portion at home. I further understand that if my child does not have homework, he/she is expected to read or play very quietly (whisper voice being used) so that others may work without disruption. I realize that if I do not want my child to complete homework at school, I must send written permission stating that my child is not to complete homework at school. I am aware of the quiet time requirements of homework time and will make certain that my child is prepared for and aware of the peaceful requirements of this allotted time."

SNACK (SL+ ONLY) _____: I understand that my child(ren) will receive one snack and drink each day of SL+. If my child needs an additional snack or drink, I agree to send one from home (students have water fountain access during scheduled bathroom breaks.) I further understand that I cannot send snacks containing nuts or peanut butter and that I cannot send edible items as celebration treats.

COMMUNICATION _____: I understand that if my child is attending an afterschool activity or has an early dismissal, I will communicate via either written notice or email to the lead teacher of SL+ or call the school office so that they can notify the classroom teacher/student. I realize that I should not contact the classroom teacher directly, in order to avoid the possibility of missed communication. If the activity is a recurring event, one notice is sufficient. (Please email the lead teacher of the SL+ Program at the address provided or call (251)666-2991 and select option 4).

CHANGING CLOTHES _____: I understand that in order to prevent the loss and confusion of uniform components, ALL SL+ participants are to remain in their school uniforms (including skirts and jumpers) during their entire stay at SL+. If my child participates in a sport and needs to change for practice or pictures, he/she may change no earlier than 15 minutes prior to the scheduled event.

HALF DAYS (SL+ ONLY) _____: I understand that the program is closed on the half day of homecoming. I understand that on days that half day care is hosted, I will send a bag lunch and drink with my child.

HOLIDAYS _____: I understand that the program is closed on all school holidays, and other dates indicated on the 2016--2017 school calendar. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

INCLEMENT WEATHER _____: I understand that it is the SL+ Program's intention to be open and provide child care service every weekday according to the 2016--2017 school calendar, excluding holidays, but that inclement weather may disrupt service from time to time. I will contact the program to ensure that it is open during inclement weather.

CARPOOL (SL+ ONLY) _____: I understand that if my child(ren) is not attending SL+, I will let both my child(ren) and the SL+ lead teacher know in advance (by noon the day of) so that my child(ren) will be sent to carpool. I understand that if I fail to do so, and/or if my child is not at the carpool pick up lane, I will exit the carpool lane and proceed to the end of the appropriate waiting carpool line.

CHANGE OF STATUS _____: I understand that I must notify the lead teacher and the Business Office if I wish to change the attendance status from full-time attendance to drop-in. No credits will be issued for partial attendance within a month. Notifications must be made by the 15th of the current attendance month and will take effect on the 1st of the following month.

NO MODIFICATIONS _____: No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which the Lower School Director, Dr. Amanda Keesee, SL+ Supervisor, Mrs. Jackson and the SL+ lead teacher initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

These policies have been reviewed with me. I understand and will comply with the policies included in the 2016--2017 SL+ Program Enrollment Agreement. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

SL+ & Morning Care Emergency Form

Circle one: **SL+** (K5-5th grade) **Stay and Play** (PK2-PK4) Current Grade Level: _____

Child's Name: _____ Date of Birth: _____ Age: _____ Sex: _____
(Last) (First)

Address: _____ City: _____ Zip: _____

Parent/
Guardian: _____ Daytime Phone _____ Evening Phone _____

Parent/
Guardian: _____ Daytime Phone _____ Evening Phone _____

TWO friends or relatives who can be contacted in case Parent/Guardian cannot be reached:

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Physician to be called in an Emergency:

Name: _____ Phone: _____

Allergies/Medical Limitations: _____

Current Medications: _____ Dosage: _____ Time(s) Given: _____

_____ Dosage: _____ Time(s) Given: _____

I VERIFY that the information on my child, _____, is complete and accurate. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in the event of an emergency. In the event of an emergency, if I cannot be reached, I hereby authorize transportation to a medical facility and/or calling my child's physician at my expense, to provide the necessary emergency medical treatment of my child.

Parent/Guardian Signature: _____ Date: _____