

Socrates Academy
BEFORE AND AFTER SCHOOL PROGRAM
2011-2012

Basic Before and After School Care (Hours of Operation 7:15 a.m. – 7:45 a.m. and 3:30- 6:00 p.m.)

Before School 7:15 a.m.- 7:45 a.m.

After School 3:30 p.m.- 6:00 p.m.

All fees are to be paid for weekly or monthly in advance.

Week to week drop in services will not be offered.

General afterschool schedule/agenda will be determined by the program director.

All Counselors will have background checks and be employed by the school.

PARENTS MUST park their cars and walk children into the building in the morning, it is unsafe to drop off your child outside without ensuring an adult is in the building.

Homework Assistance

Homework assistance will be provided during the specified homework time. Although assistance will be provided, it is the child's responsibility to complete their assignments. *Please provide your child with the necessary supplies.* (pencils, paper, reading materials, etc.) Please sign homework contract.

Registration Fee:

\$55.00 Non refundable registration fee per child

\$85.00 per family maximum

All Late payments will be subject to a \$25.00 late fee.

No post dated checks will be accepted

WEEKLY FEES:

Five Day Weekly Fees:

\$60.00 a week for first child

10% discount for sibling

Payment is due on Fridays for the following week

or they will be subject to a \$5.00 late fee.

Three Day Weekly Fees:

\$40.00 a week for a first child

10% discount for sibling

Payment is due on Fridays for the following week

or they will be subject to a \$5.00 late fee.

MONTHLY FEES:

Five Day Fees paid monthly:

\$200.00 per month for payments received in full, before or on the first of each month.

10% Discount for sibling

All payments received after the first of each month will be subject to a \$25.00 late fee.

Three Day paid monthly:

\$140.00 per month for payments received in full, before or on the first of each month.

10% discount for sibling.

All payments received after the first of each month will subject to a \$25.00 late fee.

Before School:

\$20.00 per week before school only

\$17.00 per week if enrolled in afterschool

Socrates Academy
AFTER SCHOOL CARE
Registration Form 2011-2012

Program Choice: ___ After School ___ Before School ___ Both

___ **5 day** ___ **3 day** *Please indicate which days* _____

Student Information:

Child's Name _____
(Last) (First) (Middle &/or Nickname)

Child's Address _____
(Street) (City) (Zip)

Age _____ **DOB** ___/___/___ **M/F** ___ **Grade** _____

Parent Email Address: _____

Parent/Guardian Information:

Name _____
Home Phone _____
Address _____
Mobile Phone _____
Place of Employment _____
Work Phone _____

2. Name _____
Home Phone _____
Address _____
Mobile Phone _____
Place of Employment _____
Work Phone _____

Persons (age 16 or older) authorized to pick up child other than parent(s) with proper ID:

1. Name _____
Phone _____
2. Name _____
Phone _____
3. Name _____
Phone _____

Information about your child (List allergies, restrictions, special needs, medication):

Socrates Academy
Before and After School Program
HEALTH /EMERGENCY RELEASE FORM
2011-2012

Insurance Information: Copy of insurance card should be provided for all children enrolled in the After School Enrichment Program

_____ I have personal medical insurance coverage for my child.
(Must provide copy of insurance card)

Insurance company name _____
Policy number _____

Emergency Care Information:

Child's Full Name _____

Child's Doctor's Name _____
Phone _____
Address _____

Hospital Preference _____

If parent/guardian cannot be reached, call

Name _____

Phone _____ **Relationship** _____

Emergency Care:

I agree that the Socrates Academy Before and After School Director may authorize the physician of her/his choice to provide emergency care in the event that neither I nor a family physician can be contacted immediately.

Parent/Guardian Signature _____ **Date** _____

Socrates Academy
Before and After School Program
Additional Information
2011-2012

LATE PAYMENTS:

Payments are due on Fridays for the following week.

Payments will be considered late on Tuesday of that week.

\$3.00 per day late charge will apply.

\$30.00 returned check fee will be added to the account for all returned checks.

No post dated checks can be accepted.

Checks will be deposited when received, checks cannot be held

Students with 2 weeks past due balances will not be allowed to attend until balance is paid in full.

No discounts will be made for partial months. Payment will be based on a **4 week** month. Credit will not be given for partial months and extra fees will not be charged for months with 5 weeks.

LATE PICKUPS:

After school hours are **3:30 - 6:00 p.m.** Late pick ups will be charged **\$1.00 per minute** and be paid directly to the counselor in cash or check payable to counselor as compensation for overtime. Please note that five late pick ups will be considered habitual and a meeting will be requested to resolve the issue or possible expulsion from the program.

SICK DAYS:

In order to effectively manage this program and its resources, we do not currently offer reduced tuition for partial week attendance. Full tuition is due regardless of the number of days attended by the student. (Example: If you are enrolled for 5 days and only attend 3 days, you can not pay the 3 day tuition for the week.)

I understand I must accompany my child into the building for before school and sign out my child for after school.

I have read and agree to the above mentioned payment policy. I understand that no exceptions will be made:

Student's Name _____

Parent Signature: _____ **Date:** _____

Print Parent Name: _____

Socrates Academy
Before and After School Program
Parent/Student Homework Contract
2011-2012

Our goal in having parents and children complete the homework "contract" is to make sure there is a mutual understanding of expectations between parent, child and After School staff. If you want your child to complete his/her homework while in After School, please read through the form below with your child and sign your names to show you are in agreement.

As soon as the children are settled into their routines at After School, it will be time to begin homework time. Homework time will be held in the After School room from 3:30-4:30 Monday through Thursday. Classical music will be played and no one will be permitted to talk during this time. Occasionally, the children will be taken to the computer lab to work on Study Island after 4:30.

Each child's and family's needs are different:

(Option 1)

Some children like to take a break from their academic day and choose to participate in an after school recreational activity or enrichment class. After their activity the child will work on their assignment. Quiet time may/may not be an option depending on the time.

(Option 2)

Some parents prefer that their children do not work on their homework while in After School and want their children to take advantage of the recreational activities and enrichment programs.

We hope the homework policy will help meet your family's needs. Please return the completed form to the Before and After School Director.

Child's Name _____ Teacher _____

My child should complete his/her homework while attending the After School Program. We have chosen:

Option 1: ___ My child should complete his/her homework each day in After School before participating in any other activity.

Option 2: ___ My child is not required to work on homework while in afterschool.

Additional comments: _____

Parent's or guardian's signature

Date