

After-School Care Enrollment Form

Smackover-Norphlet School District

This form must be completed and submitted to the elementary office before a child will be allowed to attend the after-school care program.

Please submit an enrollment form for each child.

STUDENT INFORMATION

Child's Name _____

Grade Level _____ Date of Birth _____ Campus: SES NES

Homeroom Teacher _____

Medical Conditions _____

Medicines Taken _____

Allergies _____

AFTER-SCHOOL CARE OPTION

_____ Option 1 – My child will attend after-school care each day and I will be charged a rate of \$7/day regardless of how many days a week my child will attend.

_____ Option 2 – My child will attend after-school care on a drop-in basis and I will be charged a rate of \$9/day. I understand that I must contact the administrative assistant at my child's school by 2 pm in order for my child to attend after-school on that day.

PARENT AGREEMENTS

Please **INITIAL** beside each statement below.

_____ I understand that after-school care ends at 5:30 pm each day. If I am late, I will be assessed an extra fee of \$5 for every 5 minutes.

_____ I understand that if I am late picking up my child more than three times, my child will be dismissed from the program.

_____ I understand that there will be an additional cost of \$5 per day for days in which school is dismissed early.

_____ I understand that the after-school care program will be canceled if school is dismissed early for inclement weather.

_____ I understand that payment must be made by the end of the week in which services are provided. Payment which is more than one week late will result in dismissal of my student from the after-school program.

_____ I understand that I must have a working phone number and a working email address on file with the after-school program. If my phone number or email address changes, I will notify the after-school program immediately. Failure to have a working phone number and email address will result in dismissal of my child from the after school program.

PARENT INFORMATION

Parent/Guardian #1 Name _____

Phone Number (Home/Cell/Work) _____

Email Address _____

Home Address _____

Parent/Guardian #2 Name _____

Phone Number (Home/Cell/Work) _____

Email Address _____

Home Address _____

EMERGENCY CONTACTS

Name	Relationship to Child	Phone Number