**BOB SIKES CHILDCARE**

 BEFORE AND AFTER PROGRAM

REGISTRATION: **$30.00**

BEFORE AND AFTER: **$50.00**

BEFORE SCHOOL: **$35.00**

BEFORE SCHOOL DROP-INS: **$10.00**

AFTER SCHOOL: **$40.00**

AFTER SCHOOL DROP-INS: **$15.00**

TEACHER WORK DAY: **$20.00**

HOLIDAY WEEKS: **$85.00**

HOLIDAY DROP-IN NON FIELD TRIP DAYS: **$30.00**

HOLIDAY DROP-IN FIELD TRIP DAYS: **$35.00**

LATE PICK-UP: **$10.00**

LATE PAYMENTS: **$10.00** A DAY.

**CHILDCARE HOLIDAYS**

Must be 25 or more children

THANKSGIVING NOV 23-27

CHRISTMAS DEC.21-JAN 6

SPRING BREAK MARCH.12-19

 MOR

 \*MASKS ARE MANDATORY\*

To pick up a child you must have your ID and have pick-up rights. Until childcare workers are accustomed to regular pick-up persons. This policy will remain throughout the school year. Childcare fees are to be paid on Monday for the following week. A late fee of $10.00 a day will be added on if not paid by Wednesday morning. If you are two weeks behind on childcare your child can’t come until balance is paid in full.

A $10.00 late fee will be charged every five minutes for pick-ups after 6 PM and must be paid at time of pick-up. After three late pick-ups your child will no longer be able to attend childcare. The same code of conduct that is expected during school hours will be expected in childcare. The childcare coordinator has the right to suspend a child at any time without notices. Drop-ins must pay at the time of pick-up. A five day consecutive vacation/illness week will be given to full time enrollments only. Starts over every new school year. If your child is sent home at school or childcare they have to be symptom free with no medication for 3 days before returning to childcare or school. If your child comes to before care please walk your child all the way into the childcare room to insure there is an adult to watch them.

 **HOURS OF OPERATION**

MORNING: 6AM-7:15AM

 AFTERNOON: 2PM-6PM

 HOLIDAYS: 6AM-6PM (Lunchbox)

  **BOB SIKES CHILDCARE ENROLLMENT FORM**

PARENTS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME FIRST NAMES

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_

ADDRESS CITY STATE ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

HOME PHONE MOM CELL DAD CELL

**PARENTS LIVING AT DIFFERENT ADDRESS**

PARENTS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME FIRST NAMES

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_

ADDRESS CITY STATE ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE DAD CELL MOM CELL

**CHILD’S INFORMATION #1**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME FIRST NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

ADDRESS CITY STATE ZIP

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

D.O.B DATE ENROLLED GENDER GRADE

**CHILD’S INFORMATION #2**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME FIRST NAMES

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_

ADDRESS CITY STATE ZIP

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

D.O.B. DATE ENROLLED GENDR GRADE

LIST ANY MEICATIONS YOUR CHILD IS TAKING.

LIST ANY ILLNESS, HANDICAPS,OR SEVERE BEHAVIOR PROBLEMS

YOUR CHILD MIGHT HAVE

EMERENGCY CONTACT NAMES AND NUMBERS

AUTHORIZED FOR PICK UP. YOU MAY ALSO

INLUDE A 4 DIGIT PICK UP CODE AS WELL

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME CODE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME CODE

PLEASE CHECK A METHOD OF PAYMENT. Must give a

two weeks written notice prior to leaving or changes

made to the account or the same fees

 will be charged for those two weeks after.

WEEKLY: \_\_\_\_\_\_

MONTHLY: \_\_\_\_\_\_

\*MASKS ARE MANDATORY\*