USD 503 AFFORDABLE STUDENT CARE

Student Care is available for children attending USD 503 schools on days when school is in session. Four options are available. The USD 503 Student Care is housed at Lincoln School. However, students in grades K-8th are eligible to participate and transportation is provided to and from all schools.

<table>
<thead>
<tr>
<th>Before School Care</th>
<th>Pre-K - 8th Graders</th>
<th>6:00 am-7:30 am</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee: $5/day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Students attending Before School Student Care are brought to Lincoln by their parents and then transported to their school on the bus in time to eat breakfast at their school. Breakfast will be charged on their meal account.

<table>
<thead>
<tr>
<th>Pre-K Care</th>
<th>AM 8:00 am-11:00 am</th>
<th>PM 12:20 pm-3:20 pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee: $10/day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pre-K students attending preschool at Lincoln are eligible for Student Care for the portion of the day they are not attending preschool.

<table>
<thead>
<tr>
<th>After School Care</th>
<th>Pre-K - 8th Graders</th>
<th>3:30pm-5:30pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee: $5/day</td>
<td></td>
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</tbody>
</table>

Students attending After School Care are transported to Lincoln after school. A snack is provided and parents pick up their child(ren) through the Gym entrance on the West side of Lincoln.

<table>
<thead>
<tr>
<th>Early Dismissal Days</th>
<th>Pre-K - 8th Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee: $10 1:00-3:30</td>
<td></td>
</tr>
</tbody>
</table>

Students attending After School Care are transported to Lincoln after school. A snack is provided and parents pick up their child(ren) through the Gym entrance on the West side of Lincoln.

- This contract may be terminated by Parent(s)/Guardian(s) or the Provider by giving a one-week written notice in advance of the ending date.
- The Provider may immediately terminate the contract without giving any notice if the Parent(s)/Guardian(s) do not make payments when due or due to unmanageable student behavior.
- **These are pay ahead programs. Payment is due on Monday of each week.**
- The student MUST be potty trained.
- The signature of the Parent(s)/Guardian(s) to this contract also indicates that they agree to abide by the written policies of the Provider. The Provider may change these written policies as needed.
- **Please call 620-421-3510 if anyone other than those authorized will be picking your child(ren) up.**

Parent Signature
**Child Care Enrollment Form and Contract 2019-2020**
*Please return this form to Lincoln School Office*

**PLEASE PRINT CLEARLY**

**FILL OUT COMPLETELY**

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Circle Gender</th>
<th>Circle Gender</th>
<th>Grade Level</th>
<th>Lincoln</th>
<th>Garfield</th>
<th>Guthridge</th>
<th>Middle School</th>
<th>St. Patrick’s</th>
<th>Teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Check Session(s) Needed</th>
<th>Before School $5</th>
<th>4-Yr old $10 AM</th>
<th>4-Yr old $10 PM</th>
<th>12:20 pm-3:20pm</th>
<th>After School $5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6:00am-7:30am</td>
<td>8:00am-11:00am</td>
<td></td>
<td></td>
<td>3:30pm-5:30pm</td>
</tr>
</tbody>
</table>

Mother/Guardian ___________________________ Address: __________________________________________

Home Phone: ___________________________ Cell: ___________________________ Work #: ___________________________

Business Name: ___________________________ Business Address: __________________________________________

Father/Guardian ___________________________ Address: __________________________________________

Home Phone: ___________________________ Cell: ___________________________ Work #: ___________________________

Business Name: ___________________________ Business Address: __________________________________________

Please list any physical conditions of which we need to be aware: __________________________________________

Please list persons who MAY pick student(s) up: __________________________________________

Please list persons who may NOT pick student(s) up: __________________________________________

*Please call if anyone other than those listed will be picking your child(ren) up.*

Authorization for Emergency Medical Care

In order to meet all legal requirements, I hereby authorize employees and/or representatives of Parsons USD 503 Child Care Program to give consent for any and all necessary medical care for those listed above while in the school district’s custody.

Parent Signature __________________________________________ Date ____________

Staff Signature __________________________________________ Date ____________
AGREEMENT TO PAY SCHOOL FEES - 2019-20

School _______________________________ Date _______________________________

Student Name __________________________ Grade ____ ID _______________________

Obligation Description   Amount Due   Parent Information (please print clearly)
Preschool Fees
Child Care Fees
Instrument Rental

_________________________   __________________________
Total

I understand I am obligated to pay preschool, child care, instrument rental, and any other specified fees for the student mentioned above. In the event I am unable to pay these fees, I hereby agree to work with the school to create a payment plan. I understand that all unpaid fees may be reported to an agency for collection.

__________________________________________  __________________________
Date                                                Signature of Parent/Lawful Custodian

__________________________________________  __________________________
Date                                                Signature of School Official

PARSONS DISTRICT SCHOOLS - USD 503

2900 Southern, Box 1056
Parsons, KS 67357
620-421-5950

Rev 7/26/19