Furlow Charter School Falcons' Nest

Before & After School Program 2023-2024

Scholar			
Name:		Grade:	
Parent/Guardian Name(s):		Phone:	
Address:	City:	Zip:	
Authorized Pickup List			
Pick-up List: Anyone picking up a scho	lar must provide a photo I.D. and b	e listed below.	
Name:	Relationship:	Phone Number:	
Name:	Relationship:	Phone Number:	
Name:	Relationship:	Phone Number:	
	-	ct me or the emergency contact persons listed to Furlow to secure treatment for my child.	
Medical Insurance Provider:	Policy and/or Group #:		
Allergies and Medications			
Known Allergies:			
f your child requires medication, plea	se specify:		
Note: All medications must be in the	original container and must be acco	ompanied by clearly written directions.	

The Falcons' Nest Program will not meet the afternoons of Early Release Days

The Falcons' Nest Program will not meet the mornings & afternoons of school holidays

Falcons' Nest Before & After School Program Information

- If your scholar is required to quarantine you will receive a credit towards your monthly Falcon's Nest Program fee.
- The morning program will be held in the Cafeteria. The afternoon program will be held in the .
- Scholars should be dropped off at Red Hall before school and picked up at the Gym.
- Hours of operation: 7:00 7:30 a.m. and 3:15 5:45 p.m.

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- \$60 monthly fee from date of registration until date of withdrawal from program.
- Parent/guardian is responsible for paying a monthly fee regardless of days participating.
- For initial registration, if the start date is prior to the 15th of month, the full monthly fee will be assessed. If the start date is the 15th of the month or later, half of the monthly fee will be assessed.
- Parents must pick their child up by 5:45 p.m. or a late fee of \$5 for every 15 minutes or portion thereof will be assessed.

The Furlow Family Handbook will be in effect: Disrespect of the Falcons' Nest Staff, refusal to follow instructions, fighting, and/or bullying of any type are grounds for immediate dismissal from the program for a time period determined by the Falcons' Nest Director.

Please initial next to each statement and sign the final signature line.

Emergency Medical Release - I authorize Furlow as agent for the undersigned to consent with respect to said minor to seek medical attention and treatment. I understand that Furlow is not responsible for costs incurred for medical care recommended by medical professionals.

Fees and Payment - I understand the monthly cost of this service is \$60 per child, due on the first day of Falcons' Nest each month. The entire fee is to be paid each month, regardless of how many days the scholar attends the program. Scholars whose fees are not paid in full by the 5th of the month will be removed from the roster, charged a \$10 late fee, and not be allowed to stay for Falcons' Nest. Scholars who are removed from the Falcons' Nest roster for failure to pay who continue to remain after school will have their guardian/s contacted for immediate pickup starting on the 6th of the month. Continued non-payment may result in the Sheriff's Office and possibly DFACS called due to child abandonment. Service fees for credit card transactions are: \$4 for \$60, \$6 for \$120, \$8 for \$180.

_____ Media Release - I give permission for my child's photograph or video to be taken during Falcons' Nest for use by Furlow in program brochures, website, social media sites and other promotional materials and for release to local newspapers.

_____ Personal Items - Furlow recommends scholars do not bring items from home. Furlow is not liable for theft, loss, or breakage of any items brought from home.

Hold Harmless Release - I hereby waive, release, absolve, indemnify, and agree to hold harmless Furlow Charter School and its employees for, from, and against all liability because of any bodily injury, property damage, known or unknown, which may occur or result from the participation of the above named child in any and all activities whether the result of negligence or for any other cause of Furlow Charter School. I individually, and as a parent/guardian for my child, have read this release and understand all of the terms. I execute it voluntarily and with full knowledge of its significance.

Licensure Exemption – This program is not licensed by Bright from the Start and is not required to be licensed.

Parent/Guardian Signature: _____

Date:_____