Welcome! Thank you for choosing W. C. Griggs Before/After School Care Program. We are pleased to provide this service to you and look forward to providing excellent care for your student(s).

**Admission Requirements**

All registration forms must be completed and received by Before/After School Care directors before a student may attend. Forms must be complete. **INCOMPLETE FORMS WILL NOT BE ACCEPTED.**

FORMS:

1. Signed Before/After School Care Registration Form
2. Signed Parent Contract/Program Rules
3. Current/updated medical/immunization Information
4. Emergency Contact Person(s) other than listed parent or guardian
5. Registration Fee-$30.00 per student **(NON-REFUNDABLE)**

|  |  |  |
| --- | --- | --- |
| Morning Only | Registration | Weekly |
| 1 child | $30.00 | $25.00 |
| 2 children | $60.00 | $40.00 |
| 3 children | $90.00 | $50.00 |
|  |  |  |
| Afternoon Only | Registration | Weekly |
| 1 child | $30.00 | $40.00 |
| 2 children | $60.00 | $55.00 |
| 3 children | $90.00 | $75.00 |
|  |  |  |
| Morning and Afternoon | Registration | Weekly |
| 1 child | $30.00 | $60.00 |
| 2 children | $60.00 | $90.00 |
| 3 children | $90.00 | $120.00 |
|  |  |  |
| Drop In | Registration | Daily Fees per Child |
| Morning | none | $10.00 |
| Afternoon | none | $15.00 |

**\*\*\*LATE FEE: $10.00 per every 15 minutes for students not picked up by 6:00 p.m.**

**Provided: snacks, drinks, homework assistance, outdoor and indoor activities**

**Months Eligible for Discounts: August, September, October, January, March, May**

**Months Not Eligible for discounts: November, December, February, April**

**\*\*\*PAYMENTS CAN BE MADE THROUGH EFUNDS\*\*\*\*\***

**Extended Day Directors:**

Cindy Davis (251) 680-3561 cfdavis@mcpss.com

Pam Ladner (251) 490-2709 pdladner@mcpss.com

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher/Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher/Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher/Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardian Information**

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

\*Allergies \*Frequent Nosebleeds \*Please state any health concern that our staff should be made aware.

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

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

**Emergency Contact Persons (other than parents) (include phone numbers)**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is student covered by medical insurance? \_\_\_\_Yes \_\_\_\_No Doctor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If W. C Griggs is unable to reach me, and they believe my child needs medical attention, I hereby grant my permission for them to seek medical treatment: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ (please initial)

By enrolling my student (s) in W. C. Griggs Before/After School Care Program, I agree to the following:

* Payment for services **MUST BE PAID** the Friday prior/before the week of service. Post dated checks are not accepted.
* We **do not** prorate payments due to absenteeism.
* $5.00 late fee will be charged for non-payment. Late fees are assessed each day per child.
* Services will be terminated/stopped for non-payment.
* Service may resume when payment of outstanding balance is received.
* **Pick-up is no later than 6:00 p.m.** A $10.00 per 15-minute increment late charge will be assessed (added) beginning at 6:00 p.m. After the 3rd late pick up your student will be dismissed from the program.
* If a student has not been picked up on time, Extended Day staff will call parent/emergency contacts beginning at 6:00 p.m. If a parent/emergency contact cannot be reached, Extended Day staff may have no other choice than to contact law enforcement for assistance.
* The MCPSS Student Code of Conduct is in effect for Before/After School Care.
* Griggs after school care is a privilege and a service we provide for our parents. Children that cannot follow the rules will be dismissed from after school care.
* **I understand that once my student accumulates 3 Parent Behavior Notices, they will be dismissed from after school care, and I will have to make alternate arrangements.**

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

Parent Signature Date