



**Fonde Before/After School Care Program Information:**

Fonde Before/After School Care Program provides morning and after-school care for currently enrolled students. The hours provided for morning care are from 6:30 a.m. -7:30 a.m. and afternoon care from 3:00 p.m. -5:30 p.m. Before/After Care is only provided for days in which school is in session and will be closed in the event that MCPSS cancels or closes school early. Before/After Care is not offered on holidays, teacher work days, or the last calendar school day before a holiday break and the last day of school. Annual registration fee must be paid in order to attend program.

Students who arrive before 7:30 a.m. and remain after 3:00 p.m. will be charged a fee and placed in Before/After School Care for adult supervision. Every Fonde Family will be allowed one “Get out of Paying” fee for an emergency per semester. Morning Fee will be \$10.00 per child and afternoon fee will be \$20.00 per child.

**Admission Requirements:**

Parents/Guardians must complete all registration requirements before the student can be admitted to the Extended Day Program. Registration includes the following

- Completed and signed registration forms for Before/After School Care
- Current medical information/immunization (filed in the school office)
- Emergency contacts other than parents/guardians listed on registration form
- No past behavior issues
- No outstanding balance from previous school year
- Registration fee paid (see chart below for fees) **NON-Refundable**

Please note all fees must be turned in by 5:30 p.m. each Monday (unless absent or a school holiday) otherwise a \$5.00 late fee will be applied to account per day.

**There will be NO After School Care on the following dates:  
September 22, November 17, December 15, February 2, April 12, June 4.**

Sessions	Annual Registration	Weekly Fees
<b>Morning Only</b> 1 child 2 children 3 children	\$25.00	\$20.00 \$30.00 \$40.00
<b>Morning and Afternoons</b> 1 <sup>st</sup> child 2 <sup>nd</sup> child 3 <sup>rd</sup> child	\$25.00	\$55.00 \$80.00 \$100.00
<b>Afternoons Only</b> 1 <sup>st</sup> child 2 <sup>nd</sup> child 3 <sup>rd</sup> child	\$25.00	\$45.00 \$65.00 \$75.00
<b>Drop-In (registration fee required)</b> Morning Only Afternoon Only	\$25.00 \$25.00	\$10.00 \$20.00



*Fonde Before/After School Care  
Enrollment Form 2023-2024*

**Please Check Which Program Your Child Will Be Attending:**

Before School Care \_\_\_\_\_

After School Care \_\_\_\_\_

Both Before and After \_\_\_\_\_

**Student Information**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Sibling(s) at Fonde: \_\_\_\_\_

**Parent/Guardian Information**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Authorized to pick up? \_\_\_ Yes \_\_\_ No

Authorized to pick up? \_\_\_ Yes \_\_\_ No

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Student lives with: mother father both parents other

**Medical Information**

Name of Primary Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Medications: \_\_\_\_\_

Medical Conditions/Special Needs: \_\_\_\_\_

*In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Fonde to arrange for emergency medical care for my child.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to Release**

Please list any additional individuals not listed above who are authorized to pick up your child. Must be 18 years of age or older. Proof of identification will be required at pick-up.

Name	Relationship	Phone Number

# **Fonde Elementary Before/After School Care Program**

## **Parent Agreement**

### **Parent Agreement:**

Please read and initial the following:

\_\_\_\_\_ *I understand that weekly fees are due on Monday by 5:30 p.m. (\$5.00 late fee will apply on Tuesday and will be charged daily until paid) and my child **may be removed from Fonde Before/After School Care program if balance does not remain current.***

\_\_\_\_\_ *I recognize that there is a late fee of \$5.00 every 5 minutes if not picked up by 5:30 p.m.*

\_\_\_\_\_ *I understand that in the event my child's behavior becomes severely disruptive, unsafe to his/herself or others, or does not respond to intervention, I will be called to pick him/her up immediately and he/she may be dismissed from the program.*

\_\_\_\_\_ *I understand that refunds are not given for days missed due to absences/suspensions from school.*

\_\_\_\_\_ *I understand that registration fees are non-refundable*

\_\_\_\_\_ *I understand that payments may only be paid with cash or check.*

*I have completed all registration information to the best of my knowledge. I have read the above information and agree to abide by Fonde's policies and procedures and to support the Student Code of Conduct and uniform policy. I acknowledge that the MCPSS acceptable use policy for computer use applies to my child's use of computers in the Before/After School Care Program. I understand that Before/After School Care staff members are not responsible for my child's personal belongings. I confirm that my child's current health immunization information is on file in the school office. I will notify the Before/After School Care staff in writing of any changes made to the information on this form.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Office Use Only:

Registration paid: \_\_\_\_\_ Added to Master List: \_\_\_\_\_