

Extended Care Program 2023-2024 Registration

EXTENDED CARE

- Begins at 3:30 pm and ends promptly at 5:30 pm.
- You must come in and sign your child out upon dismissal from Extended Care. We will only release your child to you or a pre-registered designee.

FEE SCHEDULE

- Registration fee: \$25.00 per family/per school year (non-refundable).
- Extended Care: \$40.00 weekly per child (no part time Extended Care).
- If your child does not attend during a week, you will not be billed.

Registration forms must be completed as well as the \$25.00 registration fee and first week's fee paid **BEFORE** a child may participate in the program. **Account must be in good standing in order for your child to be enrolled in the Extended Care Program.**

Payments <u>are due on Monday of each week</u> or the first day your child attends the program. Failure to pay will result in your child losing their spot in Extended Care.

Accepted forms of payment: <u>Check or money order only - NO cash payments</u>. Please make note in the memo line of your check or money order with the child's first and last name so payment can be applied correctly.

The Extended Care Director MUST be notified within 30 days of any disputed charges. Any charges undisputed within 30 days of the invoice date will stand and be due upon receipt.



Extended Care Program Additional Fees

LATE PICK UP FEE:

• **\$25.00** per child if picked up after 5:30 pm.

If for some reason you will be late picking up your child, you must notify the front office as soon as possible. After 5:30, we will begin to reach you and any contacts listed until someone has confirmed that they are on their way.

*AS REQUIRED BY LAW, IF NO ONE CAN BE REACHED, AND THE STUDENT REMAINS IN OUR CARE BY 6:30 PM, WE WILL NOTIFY THE INDIAN RIVER COUNTY SHERIFF'S OFFICE AND THE DEPARTMENT OF CHILD SERVICES.

RETURNED CHECK FEE:

• **\$35.00 Fee.** If a second offense occurs, checks will no longer be accepted and fees must be paid by money order. Failure to comply with this policy will result in suspension of services.

I have read, understand, and agree to the terms and conditions of the Extended Day Program at Imagine Schools at South Vero <u>and</u> agree to pay all fees associated with the program.

Parent/Guardian (print name)

Parent/Guardian Signature

Date



Extended Care Program Policies

Behavioral Policy

Each student is expected to follow the same expectations as they do during normal school hours. Students who are not following directions, being disruptive, or mistreat other students will be given a written referral. Their consequences will be determined by their actions, and frequency of misbehaviors. We do reserve the right to suspend or terminate immediately if a child's behavior warrants it.

We encourage you to talk to your child about bullying and the negative effects it has on other students. In addition, if they are being bullied or picked on, PLEASE encourage them to talk to any counselor that may be available to help. Thank you for your support in our endeavor to make this a positive and safe environment for your child.

Cellphones/Electronic Devices, Toys and Game Policy

For the safety and security of all students, we strictly prohibit the use of cellphones and electronic devices. Should a cellphone or electronic device be used during Extended Care, the device will be brought to the office and an adult will need to pick up when signing out the child. In order to prevent loss and/or damage to personal items such as games or toys, we ask that they be left at home. These rules are intended to protect all students.

Please acknowledge that you and your child have read and understand the Extended Care Behavioral, Cellphone/Electronic Device, Toys, and Game policies.

Parent/Guardian (print name)

Parent/Guardian Signature

Date



Extended Care Program Registration Enrollment Information

(Please print)

Child's name		Gender:	Grade	
Sibling	If attending Extended Care	Gender:	Grade:	
	If attending Extended Care			
Sibling		Gender:	Grade:	
	If attending Extended Care			
Address	City, State		Zip	
Parent/Guardian's N	lame			
Cell Phone	Work Phone	Email Address		
Parent/Guardian's N	lame			
Cell Phone	Work Phone	Email Addr	Email Address	
*Snacks will be prov Only parents/guardia who we will call in ca	ncerns and/or Allergies (including food) ided each afternoon for students. an's listed above or persons listed below ase parent/guardian cannot be reached. writing. All designated persons picking ble upon request.	ν will be allowed If you need to ι	l to pick up your child(ren) or update or add anyone else,	
Name	Phone		Relationship	
Name	Phone	I	Relationship	
Name	Phone	I	Relationship	
Name	Phone		Relationship	
		UP	DATED: JULY 28, 2023 4	



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<u>*CUSTODY ISSUES</u>: It is the parents' responsibility to notify the school of any special custody arrangements. Please notify the Extended Care Director immediately of these arrangements.

I hereby consent for my child(ren) to participate in the Extended Day Program and agree to release and discharge the Imagine School at South Vero, it's officers, agents, and employees, exercising reasonable care within their scope of employment, from all liability claims, damages, suits, judgments, and settlements involving personal injury and property damage resulting from or arising in connection with Extended Day Program.

All Extended Care employees have passed background checks and a workplace screening.

Parent/Guardian _____

Print Name

Parent/Guardian _____

Date _____

Signature