Dear Parents,

Welcome to Southern Pines Elementary School’s After School Program for the school year. We hope you have a great year at our school.

This registration packet will provide you with important information concerning our After School Care Program. To reserve your child’s place in our program, please fill out the complete application and return it to school along with the $20.00 nonrefundable registration fee. All forms must be received prior to your child beginning the program.

Our after school care hours are from 2:30pm until 5:45pm.

Location: Room 216
Gym
Snack
Homework
Room: Activities/computer games on laptop/ipad

After School Care fee are as follows:
Registration $20.00/year non-refundable/per child
1 Child $40.00/week
2 children $75.00/week
3+ $105.00/week
Late Fee $1.00/minute/child

Please be advised that if a child is late 3 times they can no longer attend the program.
If you have any questions regarding our after school care program, please contact Tonya Wagner at 910-947-8077.
Southern Pines Elementary
2020-2021 APPLICATION FOR AFTER SCHOOL CARE PROGRAM
MUST BE COMPLETED BY PARENT/GUARDIAN AND PLACED ON FILE PRIOR TO ENROLLMENT

NAME OF CHILD ____________________________ DATE OF BIRTH ________________
(LAST) (FIRST) (M)

PHYSICAL ADDRESS ____________________________ NC _______________________
(STREET NUMBER AND NAME) (CITY) (ZIP CODE)

FAMILY INFORMATION:

FATHER/GUARDIAN'S NAME ____________________________ HOME PHONE __________

ADDRESS: SAME AS CHILD? ______ IF NO, LIST ADDRESS ________________________

PLACE OF EMPLOYMENT ____________ WORK PHONE ____________ CELL PHONE ____________

MOTHER/GUARDIAN'S NAME ____________________________ HOME PHONE __________

ADDRESS: SAME AS CHILD? ______ IF NO, LIST ADDRESS ________________________

PLACE OF EMPLOYMENT ____________ WORK PHONE ____________ CELL PHONE ____________

NAME OF CHILD’S INSURANCE CARRIER NAME __________________ POLICY # ______

INFORMATION ABOUT YOUR CHILD

DOES YOUR CHILD HAVE ANY KNOW ALLERGIES? ______ IF YES, PLEASE GIVE DETAILS:

________________________________________________________________________

PLEASE GIVE ANY INFORMATION CONCERNING YOUR CHILD WHICH MAY BE HELPFUL TO HIS CARETAKERS IN A GROUP SETTING (SUCH AS PLAY, EATING AND SLEEPING HABITS, SPECIAL FEARS, SPECIAL LIKES OR DISLIKES)

EMERGENCY INFORMATION

NAME OF CHILD'S DOCTOR ____________________________ OFFICE PHONE __________

OFFICE ADDRESS ___________________________________________________________

NAME OF CHILD'S DENTIST ____________________________ OFFICE PHONE __________

OFFICE ADDRESS ___________________________________________________________

HOSPITAL PREFERENCE ______________________________________________________

IF NEITHER FATHER NOR MOTHER (OR GUARDIAN) CAN BE CONTACTED, CALL (PLEASE LIST RELATIONSHIP TO CHILD):

NAME ____________________________ (H) ______ (W) ______ (C) ______

NAME ____________________________ (H) ______ (W) ______ (C) ______

IF YOU CANNOT CALL FOR YOUR CHILD, PLEASE GIVE NAMES OF PERSONS TO WHOM THE CHILD CAN BE RELEASED:

PARENT/GUARDIAN SIGNATURE ____________________________ DATE ________________
Inclement Weather

Inclement weather (snow, ice, hurricane, etc.) that cancels school the fees will be automatically credited to your account. No refund when school closes early due to weather.

If the child is absent for the entire week from school due to illness or death in the family-no payment will be expected for the week as long as the absence was for the entire week.

Medical Policy

No medicine will be administered during after school. No child should carry medicine in his/her book bag.

Exception-a child with asthma may carry an inhaler in their book bag or Epipen. If it is approved by the school and school nurse. This must also be on file with the nurse and school.

Homework

The after school program acknowledges the importance of children doing their homework, so we provide optional homework time. There will be a time set aside Monday-Thursday for the children to work on homework. Please be aware we are not responsible for ensuring that each child complete his/her homework. Parents should check homework.

Late Arrival

The after school day care will close at 5:45 p.m. each day. If you are late you will be charged a late fee of $1.00/minute expected to be paid the same day. If you are late 3 times during the school year, your child will not be able to return to our after school day care program.
Respect All Staff

- Be polite and use good manners.
- Always listen to instructions before asking questions.
- Treat the After School Staff as you would your classroom teachers.
- Be prepared for consequences for showing disrespect toward After School staff.

Respect All Students

- Be kind and friendly to each person.
- Treat others as you would want to be treated.
- Only say nice things to others.
- Keep your hands, mask and body to yourself.
- Practice social distancing.

Respect All Property

- If you make a mess, then you clean it up.
- If something is not yours, then leave it alone.
- If you are allowed to use something belonging to the school, then treat it as you would something special.

Parents go over these expectations with your child and have them sign below.

Date: ______

I have read and understand the "Student Expectations" for the After School Program.

Student Signature________________________

Parent Signature________________________