

2016-2017 School Year Kids Care Program



<p style="text-align: center;"><u>When</u></p> <p>August 10th, 2016 to May 26th, 2017 Monday through Friday <i>*only open on school days</i></p> <p>Before Care: 6:30-7:25 A.M. After Care: 2:15-6:00 P.M.</p>	<p style="text-align: center;"><u>Locations</u></p> <p>Morning Care Drop Off: Front of the building in Room 208</p> <p>After Care Pick Up: Main Office</p>
<p style="text-align: center;"><u>Fees</u></p> <p>Registration Fee: \$25.00 per family Morning Care: \$3.00 per morning After Care: \$12.00 per day Early Dismissal Days: \$18.00 per day</p> <p>Late Fee: \$1.00 per minute per child for each minute after 6:00 P.M. This policy will be strictly enforced.</p>	<p style="text-align: center;"><u>Pay Policy</u></p> <ul style="list-style-type: none"> • All fees are pre-paid and <u>due on the Friday before the week of service.</u> • Please be sure your child's name is on the check or envelope. <ul style="list-style-type: none"> • Do not send cash with your child. • School policy does not allow refunds. • We are unable to take credit and/or debit cards
<p style="text-align: center;"><u>Morning Care Procedure</u></p> <p>Parents must escort their child into Room 208 and sign-in with a counselor</p>	<p style="text-align: center;"><u>After Care Procedure</u></p> <p>When picking up your child in the main office, please bring your picture I.D.</p>
<p style="text-align: center;"><u>Homework Policy</u></p> <p>45 minutes for homework (K-5th) Staff Supervision</p> <p><i>* Please check your child's HW when they get home to ensure it is complete and accurate</i></p>	<p style="text-align: center;"><u>Reminders</u></p> <ul style="list-style-type: none"> • Send a snack & drink daily with your child • Excessive late pick-ups may result in dismissal from the program • Late fees are given after 6:00P.M.
<p style="text-align: center;"><u>Contact Information for Directors</u></p> <p>Ximena Hurtado, ximenaH@leeschools.net, 947-7500 Ryan Forkey, ryanCF@leeschools.net, 947-7500</p>	

2016-2017 Pinewoods Elementary Kids Care

Child/Children's Names	Birthdate	Sex	Grade 2016-2017	Teacher	Enrollment Date

Child/Children's Address: _____

Child/Children Live With: _____

Parent/Guardian Name	Employed By	Home Phone	Work Phone

List Person(s) Who May Remove Child From Program

Mother:		
Father:		
Step-Mother:		
Step-Father:		
Other	Relationship	Phone
Other	Relationship	Phone
Other	Relationship	Phone
Other	Relationship	Phone

Medical Information

Medical Problems: _____
Medication and Times to be administered: _____
Child's Physician: Phone Number: _____
Child's Dentist: Phone Number: _____
May we call another physician and/or dentist if unable to contact above? Yes _____ No _____

Release Form

My signature below indicates that I release Pinewoods Elementary School and any persons connected with Pinewoods Elementary from blame or responsibility in case of an accident or injury during the operation of Before/After Care.

Signature: _____ Relationship to Child: _____ Date: _____

Pinewoods Elementary Kids Care Discipline Plan

The program staff places great emphasis on positive relationships between students, staff, and parents. Inappropriate behavior and destruction of property are not tolerated. Parents will be notified of any misbehavior. Children/parents should be aware of the policy below:

First Offense: The child will be reminded of the rule with a verbal warning.

Second Offense: The child will sit out of the group for 15 minutes of think time.

Third Offense: The child will be taken to the Program Director or Administrator. A referral requiring parent signature will be written.

Fourth Offense: The child will be suspended from the program.

Please note: Your child is expected to function in a group of 1-15 children and be toilet trained.

I have read and understand the Pinewoods Elementary Kids Care Discipline Policy.

Parent/Guardian Signature: _____ Date: _____

I have read and agree to the prepaid payment plan for the Kids Care Program. I also agree to the no refunds, no credit policy as directed by Pinewoods Elementary.

Parent/Guardian Signature: _____ Date: _____

Pinewoods Elementary Kids Care PG Movie Permission Slip

Child's Name: _____

Please check one:

Yes, I give my child permission to watch movies that are rated PG and have been approved by the Kids Care Directors.

No, I do not give my child permission to watch movies that are rated PG.

Signature of Parent/Guardian: _____ Date: _____



The School District of Lee County
BEFORE SCHOOL/AFTER SCHOOL PROGRAM PARENT PERMISSION FORM



Student's Name: _____

School Location: _____

Dates of School Program: _____

Teacher/Sponsor: _____

Information to be completed by parent/guardian:

My child has a medical condition and/or medication of which the school should be aware.

My child does not have a medical condition.

As the parent or legal guardian of the student listed above, I give further permission to participate in this Before/After-school program. I hereby grant permission for the supervising teacher to act "in loco-parentis" (in place of parents) in the event of any medical emergency and I accept full responsibility for all medical costs in the event of such a medical emergency.

I do hereby release and hold harmless the School District of Lee County and all of its employees from any liability or injury to my child's person or property incurred during the course of this after school program which is not the direct result of willful action or culpable negligence by the School District or its employees.

Parent/Guardian Signature _____

Date _____

MEDICAL INFORMATION

Your Child's Name: _____

Date of Birth: _____

All medication is to be administered by the After School supervisor or teacher/staff as directed. Medication must be clearly labeled with the following:

Name of medication: _____

What it is to be used for: _____

How it is to be given: _____

Quantity and times to be given: _____

Additional information or procedure: _____

By my signature below, I am requesting that the after school supervisor or teacher/staff administer medication/procedure as directed above.

Parent/Guardian Signature: _____ Date: _____

Phone # _____ Cell # _____ Work # _____

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the supervisor to provide treatment for my child named above.

Parent/Guardian Signature: _____ Date: _____

IF PARENT/GUARDIAN CANNOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT: (please print clearly):

Name: _____ Phone #: _____

Cell # _____ Work # _____