SISD R.D. MARTINEZ ELEMENTARY

AFTER SCHOOL CHILD CARE PROGRAM

Date of Application ________________ **Date of Admission** _______________

Name ______________________________ Date of Birth ___________________

Home Campus: R.D.Martinez Elementary Grade ____________

Teacher ____________________________

Address ______________________________ Home Phone # __________________

____

Parent's or Guardian's Name ____

Address (only if different) ____

List telephone numbers where parents may be reached while child is in care:

Mother's Work #____________________ Father's Work # ____________________

Mother's cell# _____________________ Father's cell # ____________________

Give a name of a person to call in case of an emergency, if Parents/Guardians cannot be reached.

Name Phone # Relationship

_____________________________ _____________ __ _______________

______________________ _______ ______________ ________________

______________________ ______ ______________ _________________

_____________________________ ______________ __________________

Tuition & Fees

After-School Tuition & Registration Fee Guidelines

- Tuition fees are non-refundable and non-transferable.
- After-school tuition is due on the first business day of each month.
- A $25.00 late payment fee will be added after the fifth business day of each month.
- Students will be removed from the program after the fifth business day of each month for outstanding balances on tuition and fees. If dismissed due to non-payment, the

parent/guardian is responsible for providing alternate after-school care for the child beginning on the date of dismissal.

- ❖ The registration fee must be paid again and the outstanding balance must be cleared prior to re-enrollment, provided there is availability at the campus.
- ❖ There will be no refunds or credits for inclement weather conditions, school closures, student behavioral issues, and/or missed field trips/enrichment activities.
- ❖ Tuition and fees are non-refundable in the event your student is suspended or removed from the program for any reason.

Parent Signature ___________________________________

Tuition Rates

Tuition Rates for the After School Care Program are set by the Sharyland ISD Finance Department annually.

- After-school monthly tuition rate is $75 for August, and $125.00 per month— September thru May

Payment Options

Acceptable Forms of Payment

The After School Care Program accepts electronic payments through My School Bucks. You will need to set up an account in My School Bucks in order to make After School Care payments.

My child has been examined within the past year by a licensed physician and/ or is in good physical health and is able to participate in the SISD After School Child Care Program

Parent Signature: _______________________________________

- I understand the SISD After School Child Care Program hours are **3:30-6:00 pm**. on regular school days and 12:30-6:00 pm(If daycare is open). on early release days. If I am late picking up my child, I agree to pay $1.00 per minute for each minute after 6:00 pm.

Parents Initials _____________

- Children who have been dismissed from the After School Care Program will not be allowed to return until the following school year. Children who have been dismissed twice will not be allowed to return. Parents seeking to re-enroll a child who has been dismissed are subject to standard space and waiting list requirements.

- If a child is dismissed due to behavior, there will be no refunds, nor will a credit be issued.

Parents Initials __________

- I understand there will be no After School Care on Teacher Staff Development/ Workdays or during Student Holidays. After School Care will be provided on SISD Early Release Days. See attached calendar.

Parents Initials ___________

I agree to personally pick up my child at the **R.D. MARTINEZ AFTER SCHOOL CHILD CARE PROGRAM ROOM** each day. If I cannot, I hereby authorize the **MARTINEZ ELEMENTARY AFTER SCHOOL CHILD CARE PROGRAM** to allow my child to leave the facility with the following persons.

Name/Relationship	Phone #'s
__________________________	__________________________
__________________________	__________________________
__________________________	__________________________

Personal Belongings

The After School Care Program will not be responsible for lost or stolen items. Please do not send toys, games, or other personal belongings with your child. Individual campuses may have special events that allow for items to be brought from home; however, the program will not be responsible for these items. Be sure to label all jackets, backpacks, and other items with your child's name.

AUTHORIZATION FOR EMERGENCY

MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention I authorize the facility director or person in charge to take my child to:

NAME OF HOSPITAL ADDRESS PHONE #

_____________________ _______________ _________________

NAME OF PHYSICIAN ADDRESS PHONE #

_____________________ _______________ _________________

I give consent for this facility to secure any and all-necessary emergency medical care for my child.

Signature of Parent of Legal Guardian ___________________________________

I understand that the SISD after School Child Care Program does not provide medical insurance. If my child needs medical attention, my personal insurance or I will be financially responsible.

Parents Initials ____________ **Date** ______________

List any special problems that your child may have such as allergies, existing illness, previous serious illness, and injuries during the past 12 months. Any medication prescribed for long-term continuous use and any other information which staff should be aware of.