

WOODWARD NORTH AFTER SCHOOL CARE
2019-2020

PLEASE READ CAREFULLY AND FILE FOR REFERENCE

1. A flat hourly rate of **\$7.00** will be assessed for After School Care service. An additional hourly rate will be assessed for any time exceeding 15 minutes past the hour. **Children must be picked up by 6:00 P.M. A \$5.00 a minute late fee per child will be charged to parents who pick up their children after 6:00 P.M.** Consistently late parents will be asked to withdraw their children from the extended day care program.
2. After School Care will not be held on any school holiday or when school is dismissed early. Please make a note of these dates and make arrangements for your child as needed.
3. If your child becomes ill after arrival at After School Care, you will be called and expected to pick him or her up as soon as possible. **Please make sure all emergency numbers are current.** The After School Care teachers will administer medicine only if a written note is sent with the medicine daily. Students requiring emergency care of a serious nature will be taken to Emory Johns Creek Hospital. Parents are responsible for all expenses and will be notified immediately of the measures being taken. Parents should leave at least two emergency numbers and names for the school personnel to call. Parents should not permit students with serious illnesses or contagious illness to attend any extended day program.
4. If your child is on a restricted diet or behavior modification medication, this information must be on file so that we can best serve your child.
5. Any messages to After School Care teachers must be written and signed by a parent. (For example, a change in the routine pick-up time or the person usually picking up, or, if a child is not coming on a particular day.) We can take phone messages but only if there is a last minute change in routine due to an emergency. The number to call to reach the After School Care Director is **404-765-4498**. After School Care hours are from 3:00P.M. to 6:00 P.M. It is the responsibility of child and parent to see that book bags, instruments and clothing are taken home. Parents **must check out child with After School Care Director or Officer on Duty at the east side (Multiplex side) of the main building. A late fee of \$5.00 per minute per child will be charged if the child is not picked up by 6:00 P.M.** Consistently late pick up may necessitate withdrawing your child from the After School Care program.
6. Children will be accompanied to After School Care immediately upon school dismissal. If a child is staying with a teacher for any reason, he or she must notify the After School Care personnel. This is critical for student accountability, and we need your cooperation in this matter. The children will be served a snack at approximately 3:15 P.M.
7. The After School Care registration form must be completed for all students at Woodward North. This form must be on file even if the child does not plan to attend After School Care.

WOODWARD NORTH AFTER SCHOOL CARE
REGISTRATION
2019-2020

New to WA
 Re-enrolled

Student 1 _____ Grade _____ DOB _____
 Last First Preferred

Student 2 _____ Grade _____ DOB _____
 Last First Preferred

Student 3 _____ Grade _____ DOB _____
 Last First Preferred

Street _____ City _____ State _____ Zip _____

Home Phone _____

Parent's Name _____ Cell Phone _____
 Work Phone _____

Parent's Name _____ Cell Phone _____
 Work Phone _____

Emergency Contact _____ Phone _____

<p>KNOWN ALLERGIES:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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Approximate time child will be picked up: _____

The following people are authorized to pick up my child:

Name _____ Relationship _____ Cell Phone _____

Name _____ Relationship _____ Cell Phone _____

Medical History: All applicants must have on file the Physical Health Form in the regular Woodward Academy application and the Certificate of Immunization Form 3231 required by the Georgia State Department of Health.

To the best of our knowledge, the information contained in this application is true and accurate. We understand that the After School Care fee is in addition to the regular tuition, and we agree to pay the amount specified at the times specified. We understand that the applicant is to adhere to the code of conduct and disciplinary regulations of the Academy. In addition, we understand that the Academy may remove the applicant from the After School Program if he fails to abide by the code of conduct, if there is habitual late pick-up, or if we fail to make financial payments on time. Parents of children enrolled in the After School Care Program will be billed monthly.

We authorize Woodward Academy and its delegated professional staff to obtain medical or surgical treatment and hospital service at our expense in case of an emergency.

Signature of parent _____ Date _____

Please list below other information concerning your child that would be beneficial to the professional staff.