



## ASPEN Early Birds Care APPLICATION 2019-2020



We understand that some parents have jobs that require they be at work early and therefore the school start time can present a hardship. At Aspen, we are alleviating the hardship for parents required to be at work by 8 AM or earlier. We have hired staff to monitor children in grades K-6 either on the playground or in the dining hall, depending on weather and room availability. Please complete this application. A donation of \$20/month is requested. Please use Aspen's online school fees portal. Your child may still sign up without the suggested donation. Early Birds care will start on 9/3.

Please read the following expectations with your child. Your signature below indicates that you and your child agree to the expectations.

- Students and families will follow all LAPS/Aspen rules and policies.
- Students are expected to be safe, responsible, respectful, and mindful.
- Students are expected to arrive between 7:30 – 7:45 AM
- Students should not arrive before 7:30 AM.
- Students will stay in the designated area for their age group until the bell rings at 8:05AM.
- Suggested donation is \$20/month.
- Early care will **not** be available on days that school is delayed or canceled due to weather.
- Failure to follow these expectations may result in dismissal from Aspen’s Early Birds Care.

Aspen Student Name(s) \_\_\_\_\_

Grade Level(s) \_\_\_\_\_ Homeroom Teacher(s): \_\_\_\_\_

Parent/Guardian Name(s) : \_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_

Please circle days of the week you anticipated needing care: M T W TH F

Donation: Two methods chose from. Please check one. (\$20/month/child suggested)

- Aspen website Click on the “School Fees” button. Select “Other Fees and Fines”. Finally select “Miscellaneous” and complete information.
- Check: Enclosed Donation \$ \_\_\_\_\_ (Make checks payable to Los Alamos Public Schools)
- Not able to donate right now.

My child will participate in Aspen’s Early Birds Care. I agree that my child and I will follow the expectations outlined above.

Parent Signature: \_\_\_\_\_

Please return this form to the office or your child’s teacher.