

Morning Care:
6:30am – 8:00am



After Care:
3:20pm – 6:00pm

Before & After Care Registration Form

Step 1. Please list the name, grade, and teacher of the student(s) you would like to enroll.

Student Name:	Grade:	Teacher:

Step 2. Payment Options. Please select the billing period and type of care needed for your family. Discount of \$10 for each additional child.

5 Day Enrollment

Please check a billing period.	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Semester</u>	<u>Monthly</u>
<input type="checkbox"/> Morning Care ONLY	\$740	\$280
<input type="checkbox"/> After Care ONLY	\$950	\$360
<input type="checkbox"/> BOTH – Before & After Care	\$1050	\$400

3 Day Enrollment

Please check a billing period.	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Semester</u>	<u>Monthly</u>
<input type="checkbox"/> Morning Care ONLY	\$610	\$200
<input type="checkbox"/> After Care ONLY	\$820	\$280
<input type="checkbox"/> BOTH – Before & After Care	\$970	\$320

Monthly Option: August = 1 week billed; November & December = 3 weeks billed

REGISTRATION/SUPPLY FEE - \$60 per child (covers snacks, light supplies, etc.)

DROP-IN CARE - \$15/HOUR PER CHILD (must be approved)

LATE PICK UP FEE (AFTER 6:00PM) - \$1/MINUTE PER CHILD

Step 3. Please fill out parent contact information

Mother's Name: _____ Cell: _____
Father's Name: _____ Cell: _____
Email Address: _____
Emergency Contact: _____ Phone: _____

Please list names of all who are authorized to pick your child(ren) up:

Health Concerns/Allergies: _____

I agree to all billing terms and conditions and the program policies stated on this form.

Signature

Date

Print Name



Before & After Care

Program Policies

BASIC EXPECTATIONS:

- Respect Others – Obedience, Kindness, Manners, Honor Distance Expectations and Rules
- Respect Property – Snack, Trash, Books, Toys, Games, Crafts

ROUTINE & PROCEDURES:

- Students will place their items in a designated spot outside of the before/after care room
- Students will take turns washing hands or sanitizing before coming in the room.
- Student will come into the room and get their snack (snacks will be provided for after care only) One snack per day. Please have students bring their own labeled water bottle.
- Students will need permission before going to the restroom or getting water.
- Students will have a designated time each day to work on homework or studying. Behavior in the room during this time is settled and quiet so students can focus. If there is no homework, students will need to read or work on something quietly.
- Personal items are not allowed. Student may not bring toys, book, etc. from home. This is for safety.
- Students will have their personal “basic box” (this includes basic drawing materials (crayons, pencils, paper, scissors, markers, etc.))
- Each student will choose a manipulative or game to play that will allow students to interact but remain a safe distance away from each other.
- There will be an active time were students will go outside, use the gym, or have an organized activity.
- Books, toys, and any other manipulative that a student uses will be placed in a “Clean ME Zone” that will be sanitized before another student touches it.
- All items will be cleaned and sanitized again at the end of each day.
- Please have ID ready when picking up (authorized pick up on registration form only)
- When picking up please fill out the electronic sign out form to notify the Care Staff you are waiting in the parking lot.
- Parents are not allowed in the hallway or classroom.
- Behavior Policy: 1st Offense– verbal warning and documented; 2nd Offense– Another verbal warning, potential loss of privileges, and parent notification; 3rd Offense – Parent notified immediately by phone, and potential loss of before/after care privilege. If the behavior continues there will need to be a meeting with parents and child to evaluate further measures.
- Please call or notify us by email if your student will not be in before/after care.

Please sign this form as an acknowledgement to the policies and procedure of Westlake Before/After Care Program.

Parent Signature

Date

Family Name: _____