



SL+ & MORNING CARE ENROLLMENT FORM 2019-20



Name of Child: _____

Age: _____ Grade: _____
(As of August, 2019) (for the 2019-20 School year)

Child's teacher for the 2019-20 School Year: _____

I AM ENROLLING MY CHILD (CHECK ALL THAT APPLY):

- Morning Care \$45/month (regular attendance)
- Morning Care \$5/day (drop in attendance)

- SL+ \$155/month (regular daily attendance)
- SL+ \$15/day (drop in attendance)
- Emergency drop in care if ever needed

Parent(s) Names: _____ Telephone: _____

Address: _____

Parent (i) cell phone#: _____

Parent (i) email: _____

Parent (i) place of employment: _____

Parent (2) cell phone#: _____

Parent (2) email:

Parent (2) place of employment:

NAME OF PERSON(S) OTHER THAN PARENTS WHO HAVE PERMISSION TO PICK UP YOUR CHILD(REN):

Name & relationship: _____ Phone: _____

Name & relationship: _____ Phone: _____

Name & relationship: _____ Phone: _____

INITIAL EACH SECTION LISTED BELOW, THEN SIGN AND DATE THE LAST PAGE.

TUITION _____:

SL+ Regular Attendance Rate is \$155 per child per month.

SL+ Drop-In Rate is \$15 per child per day.

Morning Care Regular Attendance Rate is \$45 per child per month.

Morning Care Drop-In Rate is \$5 per child per month.

PAYMENT OF TUITION _____: "I understand that I am responsible for submitting monthly tuition payments in order to maintain my child's/children participation in the before and/or after school care program. I understand that I will be billed on my monthly statement for all care. I understand that if I register for continual care, I will be billed for the entire month regardless of attendance of my child(ren). SL+ program fees are billed on monthly SLES Statements."

LATE OR UNPAID TUITION _____: "If payment in full is not received by the 15th of the month, I understand that I will incur a late charge. I understand that if I owe two months of tuition, my child(ren) will be terminated from enrollment. In order to re-enroll my child(ren), I must pay a re-enrollment fee of \$35.00 per child. All re-enrollment fees are subject to change with reasonable notice."

MORNING CARE HOURS _____: "I understand that morning care drop off begins at 7:00 a.m. I may not drop my children off before 7:00 a.m."

CHARGES AND PROCEDURES FOR LATE PICKUP (SL+ ONLY) _____: "The SL+ Program is open from 2:45-5:45 Monday-Friday, except for holidays and other school closures indicated on the current school calendar. This includes many early dismissal days. I understand that if I fail to pickup my child by the scheduled closing time (5:45 p.m.), I will be charged a late fee of \$1 a minute beginning at 5:50 p.m. until the child is picked up."

DAILY SIGN IN AND OUT (SL+) _____: "I agree to sign my child out every day using the program's attendance procedure. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the assigned SL+ classroom to pickup my child and that I must escort my child to and from the designated classroom and staff member each day. Siblings under the age of 16 are not allowed to sign out students. Anyone signing out a student must be prepared to show a picture ID and must be listed on the information sheet as authorized to pickup my child. I may send a signed and dated notice in writing, including phone number, if other pickup arrangements have been made."

ILLNESS _____: "I understand that I will be notified should my child become ill during the day and that I will pickup my child promptly, or make arrangements for authorized emergency contact person to pick up upon such notification. If my child is exposed to or contacts a contagious disease, I agree to notify the lead teacher. Students should be free from diarrhea, vomiting, and fever free for at least 24-hours before returning to the program."

MEDICAL EMERGENCY FORM _____: "I understand that I will submit a completed copy of the attached medical form, listing and detailing any allergies and special instructions. I will provide any needed medications for my child in its original packaging, inside of a Ziplock bag, labeled with my child's name. Directions for administration of medicine should be written on a note card and placed inside of the sealed bag."

ELECTRONIC DEVICES _____: "I understand that my child(ren) may not bring personal electronic devices to be used in the SL+ Program and the use of such devices is forbidden during the program. Should my child(ren) bring such devices to school, the SL+ program is not responsible for theft, loss or damage, etc. to any such devices. These devices include but are not limited to: mobile communication devices, electronic games, personal computers or tablets, etc. Use of BYOD program devices will not be allowed at SL+."

HOMEWORK _____ : "I understand that if my child(ren) are in grades 2nd-5th, he/she is expected to work on his/her homework during the established homework time. I understand that my child is expected to complete his/her homework on his/her own and that SL+ staff is there to help my child(ren) only if he/she needs help. I understand that if my child does not complete his/her homework in the allotted time, he/she is to complete the unfinished portion at home. I further understand that if my child does not have homework, he/she is expected to read or play very quietly (whisper voice being used) so that others may work without disruption. I realize that if I do not want my child to complete the homework at school, I must send written permission stating that my child is not to complete the homework at school. I am aware of the quiet time requirements of homework time and will make certain that my child is prepared for and aware of the peaceful requirements of this allotted time."

SNACK (SL+ ONLY) _____ : "I understand that my child(ren) will receive one snack and drink each day of SL+. If my child needs an additional snack or drink, I agree to send one from home (students have water fountain access during scheduled bathroom breaks.) I further understand that I cannot send snacks containing nuts or peanut butter and that I can not send edible items as celebration treats."

COMMUNICATION _____ : "I understand that if my child is attending an after school activity, I will communicate via either written notice or email to the lead teacher of SL+ or call the school office so that they can notify the SL+ Staff Member and student. I realize that I should not contact SL+ staff directly, in order to avoid the possibility of missed communication. If the activity is recurring event, one notice is sufficient. Please email the lead teacher of the SL+ Program at the address provided or call 251.666.2991 (press option 4)."

CHANGING CLOTHES _____ : "I understand that in order to prevent the loss and confusion of uniform components, all SL+ participants are to remain in their school uniforms, including skirts and jumpers, during their entire stay at SL+. If my child participates in a sport and needs to change for practice or pictures, he/she may change no earlier than 15 minutes prior to the scheduled events."

HALF DAYS (SL+ ONLY) _____ : "I understand that the program is closed on all school holidays and other dates indicated on the 2019-20 school calendar. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday."

HOLIDAYS _____ : "I understand that the program is closed on all school holidays and other dates indicated on the 2019-20 school calendar. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday fall on a weekend, it will be observed on either the preceding Friday or the following Monday."

INCLEMENT WEATHER _____ : "I understand that it is the SL+ Program's intention to be open and provide child care service every weekday according to the 2019-20 school calendar, excluding holidays, but that inclement weather may disrupt service from time to time. I will contact the program to ensure that it is open during inclement weather."

CARPOOL (SL+ ONLY) _____ : "I understand that if my child(ren) is not attending SL+, I will let my child's teacher know to send them to carpool. I understand that if I fail to do so, and/or, if my child is not at the carpool pickup lane, I will exit the carpool lane and proceed to the end of the appropriate waiting carpool line."

CHANGE OF STATUS _____ : "I understand that I must notify the lead teacher and the business office to change the attendance status from full-time attendance to drop-in or vice versa. No credits will be issued for partial attendance within a month. Notifications must be made by the 15th of the current attendance month and will take effect on the 1st of the following month."

NO MODIFICATIONS _____ : "No terms of this agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which the Lower School Director, Dr. Keesee, SL+ Supervisor, Mrs. Thompson, and the SL+ lead teacher initial. Any alterations, revisions, modifications, or deletions of any term of this agreement are null and void."

These policies have been reviewed with me. I understand and will comply with the policies included in the 2019-20 SL+ Program Enrollment Agreement. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SL+ & MORNING CARE EMERGENCY FORM

(TO BE COMPLETED BY ALL IN CASE OF AN EMERGENCY NEED TO DROP IN)

STUDENTS MAY NOT STAY AT OUR AFTER SCHOOL CARE PROGRAM UNLESS WE HAVE THIS FORM ON FILE.

CIRCLE ONE: **SL+/(1ST--5TH)**

STAY AND PLAY/(PK2-K5)

CURRENT GRADE: _____

Child's Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Address: _____

City: _____ Zip: _____

Parent/Guardian: _____

Day Phone: _____ Evening Phone: _____

Parent/Guardian: _____

Day Phone: _____ Evening Phone: _____

NAME OF TWO ALTERNATIVE FRIENDS/RELATIVES WHO CAN BE CONTACTED IN CASE PARENT/GUARDIAN CANNOT BE REACHED:

Name: _____ Day Phone: _____ Evening Phone: _____

Name: _____ Day Phone: _____ Evening Phone: _____

PHYSICIAN TO BE CALLED IN AN EMERGENCY:

Name: _____ Phone: _____

ALLERGIES/Medical Limitations: _____

Current medications and dosages: _____

I verify that the information on my child, _____, is complete and accurate. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in the event of an emergency. In the event of an emergency, if I cannot be reached, I hereby authorize transportation to a medical facility and/or calling my child's physician at my expense, to provide the necessary emergency treatment for my child.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____