



Before & Afterschool PROGRAMS

*DPS Community Education
& Family Engagement
Department*

2020-2021



www.dpsnc.net/afterschool

Quality Standards

Durham Public Schools (DPS) before and afterschool programs offer a balance of structured and free-choice activities designed to stimulate students' intellectual, social, emotional, and physical development. The program extends learning beyond the regular school day and provides caring support for every child. All before and afterschool programs are licensed by the North Carolina Department of Health and Human Services – Division of Child Development and qualify for day care assistance vouchers managed by the Department of Social Services (DSS).



Afterschool Offers...

- trained staff and a safe, stimulating environment
- theme-related activities in arts, crafts, music, dramatic play, science, language arts, cooking, and more
- organized indoor and outdoor games and physical activities
- homework and quiet time
- virtual guest presenters and performers, including storytellers, musicians, drama and dance groups
- “club” activities that foster individual interests of students
- time for social interaction with a diverse group of peers
- community service-learning projects
- healthy afternoon snacks

Operating Information

Before school programs open at 6:30 a.m. and operate until the first bell rings. Before school programs will only operate at sites with 10 or more students enrolled. Elementary afterschool programs operate on school days from the time school is dismissed until 6:00 p.m. There is a late pick-up fee for children after 6:00 p.m.

On early release days, programs will open and operate two hours earlier. Please refer to the DPS student calendar for the dates.

Program Locations

Students attend the Before & Afterschool program at the school where they are enrolled. The programs operate in each school's gym or multipurpose building and use other areas including the media center, art room and classrooms. Students attending an elementary school that does not have a program, can enroll and attend a nearby program where students are transported by school bus.

For frequently asked questions or to view our program policies, please visit our website at www.dpsnc.net/afterschool

*The fee schedule below is based on four days a week. Fees are subject to change based on final school bell schedules.

Schedule 1

Before school: (6:30 a.m. - 7:45 a.m.)

20 day before school fee (monthly)	\$48
Before school for 2nd child	\$44
Before school for 3rd child	\$12

Afterschool: (2:15 p.m. - 6:00 p.m.)

20 day afterschool fee (monthly)	\$164
Afterschool for 2nd child	\$144
Afterschool for 3rd child	\$84

Weekly fee (Before & Afterschool)	\$104
Weekly fee (Before Only)	\$16
Weekly fee (After Only)	\$88

Plan 1/ Bell Schedule (7:45 a.m. - 2:15 p.m.)

Bethesda
 Club **Afterschool only**
 Creekside
 Easley **Afterschool only**
 Fayetteville St. **Afterschool only @ WG Pearson**
 Holt **Afterschool only**
 Lakewood **Afterschool only**
 Little River **Afterschool only**
 Mangum **Afterschool only**
 Merrick-Moore
 Oak Grove
 Parkwood **Afterschool only**
 WG Pearson **Afterschool only**
 Sandy Ridge
 Spring Valley
 Watts **Afterschool only**

Schedule 2

Before school: (6:30 a.m. - 8:30 a.m.)

20 day before school fee (monthly)	\$56
Before school for 2nd child	\$52
Before school for 3rd child	\$20

Afterschool: (3:00 p.m. - 6:00 p.m.)

20 day afterschool fee (monthly)	\$156
Afterschool for 2nd child	\$136
Afterschool for 3rd child	\$76

Weekly fee (Before & Afterschool)	\$104
Weekly fee (Before Only)	\$24
Weekly fee (After Only)	\$80

Plan 2/ Bell Schedule (8:30 a.m. - 3:00 p.m.)

Eastway
 Eno Valley
 Glenn
 Hillandale
 Hope Valley
 Southwest
 YE Smith (8:45 a.m.-4:15 p.m.) @ Eastway

Schedule 3

Before school: (6:30 a.m. - 9:15 a.m.)

20 day before school fee (monthly)	\$68
Before school for 2nd child	\$64
Before school for 3rd child	\$32

Afterschool: (3:45 p.m. - 6:00 p.m.)

20 day afterschool fee (monthly)	\$144
Afterschool for 2nd child	\$124
Afterschool for 3rd child	\$64

Weekly fee (Before & Afterschool)	\$104
Weekly fee (Before Only)	\$32
Weekly fee (After Only)	\$72

Plan 3/ Bell Schedule (9:15 a.m. - 3:45 p.m.)

Burton @ RN Harris
 Forest View
 Morehead
 Pearsontown
 EK Powe
 CC Spaulding @ RN Harris
 RN Harris

Registration Deadlines

Based on our licensing requirements, DPS cannot guarantee a space when a program becomes fully enrolled. When the program site reaches capacity, applicants are placed on a waiting list. When a space becomes available, parents will be contacted. The \$35 registration fee will secure your place on the waiting list. Should you decide to withdraw from the waiting list, the registration and prepaid tuition fee will be refunded.

Students must be registered by **March 8, 2021** to start on the first day of school **March 15, 2021**.

Register TODAY!

Your child can begin attending programs two business days from the day you register. Ex. Register on Monday before 5:00 p.m. and your child can start Wednesday. If you register after 5:00 p.m., your two day wait starts the next business day.

Note: *Some situations may require longer start dates at the beginning of the school year and due to staff shortages, child needs, or student holidays. You will be called if a different start date is necessary.*

See registration form on the back. Please fill out completely to help process your registration without delay.

Select Payment Option: One Time Payment:

Check/ Money Order made out to "Community Education" is enclosed.

Please charge my: Master Card Visa Discover for \$ _____

Account Holder's Name: _____ Account No: _____ - _____ - _____ - _____

Exp. Date: ____/____/____ Signature _____ Date: ____/____/____

* A 3% convenience fee is charged for all credit/debit card transactions unless enrolled in EZ payment (automatic draft).

(Optional) EZ Payment (EFT)- Automatic Draft

I hereby authorize DPS-Community Education to debit the account listed below for monthly tuition due. The EZ Payment Option (EFT) is the preferred billing method for DPS Community Education. Simply provide a credit, debit card or checking account information and tuition will automatically draft on the 15th day of the month or next business day. A 3% convenience fee will be waived for automatic drafts. I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue this service, I will notify DPS-Community Education. Change of payment method will not affect the terms of my contract.

Master Card Visa Discover for \$ _____

Checking Account (attach voided check)

Account Holder's Name: _____ Account Holder's Name: _____

Account No: _____ - _____ - _____ - _____ Routing No. (First 9 Numbers): _____

Exp. Date: ____/____/____ 3 Digit Security Code: _____ Account No. (Second Set of Numbers): _____

Signature _____ Date: ____/____/____ Check No. (Third Set of Numbers): _____

Bank Name: _____

Contract

- I understand the before and afterschool programs are open according to the official school calendar of Durham Public Schools and is closed during vacations, school holidays, and intersession (year round schools).
- I understand that I am responsible for payment of monthly fees to the Community Education department. Payment is due the 15th or next business day of each month and one-month in advance. If my payment is late I will be responsible for paying a late fee. Enrollment will be terminated if accounts are past due. Past due accounts are subject to a third party collection agency.
- Checks are gladly accepted. When you provide a check as payment, you authorize us to use information on the check to make a one-time Electronic Fund Transfer (EFT) from your account, or to process the payment as a check transaction. You authorize us to collect a fee through EFT or bank draft from your account if your payment is returned unpaid. Community Education reserves the right to require cash or credit card payments once a check has been returned for insufficient funds.
- A 3% convenience fee will be charged on all credit/debit card transactions and on-line registrations. The 3% fee is waived on automatic payments.
- I will give a minimum two weeks notice in writing to the Accounting Department prior to withdrawal and I am responsible for payment of fees through the end of the bill cycle. If I enroll and withdraw within the same cycle, I owe for one full cycle. Enrollment is on a full time basis only. Part time enrollment will not be accepted nor can fees be prorated due to absences, or early withdrawals.
- I will update my child's emergency and other pertinent information if changes occur. It is my responsibility to sign my child into before school each day. I understand that children may be signed out ONLY by me or those persons I have named on the registration form. I will provide the manager with any appropriate changes.
- This program must maintain a minimum number of students enrolled for the program to operate. Parents will be given a minimum 30 day notice if the program is cancelled due to low enrollment.
- I understand I will be charged a late fee of \$10.00 for every 10 minutes or portion thereof when my child is picked up after 6:00 p.m. Once I have accumulated five late pick-ups program participation will be terminated.

Before & Afterschool PROGRAMS Registration FORM 2020-2021

For Office USE Only:

Child's Name: _____	Preferred Name: _____	DOB: _____	Age: _____	Grade (Aug 20): _____	Start Date: _____
School Name: _____	Check the program needed: <input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Both programs			Amt. Pd. _____	
2nd Child's Name: _____	Preferred Name: _____	DOB: _____	Age: _____	Grade (Aug 20): _____	Ck#: _____
School Name: _____	Check the program needed: <input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Both programs			Staff Initials: _____	

(Person Responsible for billing) PLEASE PRINT!

Parent/Guardian's Name #1: _____

Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Parent/Guardian's Name #2: _____

Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

AUTHORIZED PICK-UP: Child will be released only to the parents/guardians listed above. **The child can also be released to the following individuals as authorized by the person who signs this application.**

Name: _____	Home Phone: _____	Cell Phone: _____
Name: _____	Home Phone: _____	Cell Phone: _____
Name: _____	Home Phone: _____	Cell Phone: _____

EMERGENCY CONTACT: (Must be filled out): In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name: _____	Home Phone: _____
Work Phone: _____	Cell Phone: _____
Name: _____	Home Phone: _____
Work Phone: _____	Cell Phone: _____

HEALTH CARE NEEDS: For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, **a medical action plan must be attached to the application.** The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes No

List any allergies and the symptoms and type of response required for allergic reactions: _____

List any health care needs or concerns, symptoms of and type of response for these health care needs of concerns. _____

Please explain any physical, emotional or behavioral needs. _____

Does your child(ren) have any fears or receives special services during the school day? Yes No

Please explain: _____

Doctor's Name: _____ Phone: _____

Hospital Preference: _____ Phone: _____

- Is there a separation, divorce or custody concern of which our staff should be aware? No Yes (If yes, please attach an explanation and the order).
- If a medical emergency arises, the program staff will attempt to contact me. If the emergency is such that immediate hospital attention is necessary, an ambulance may take my child to the hospital.
- I agree to the before, afterschool and summer camp programs contract and state policies and procedures of the Durham Public Schools-Community Education. I certify that I have received (hardcopy/online) at www.dpsnc.net/afterschool of the parent handbook which includes the behavior management guidelines, aquatic policy, DPS tobacco policy and a summary of the NC Child Care Laws.
- I give my permission for my child(ren) to participate fully in before, afterschool and summer camp activities including field trips and swimming under the supervision of staff.
 No Yes
- I give permission and consent to Durham Public Schools/Community Education (and agencies within) to use photographs of my child for any advertising and publicity purposes.
 No Yes
- I understand that I will receive program billing and account information by email.

Parent/Guardian Signature _____ Date _____