



2021 - 2022

# Pre-K Afterschool Program at Morehead & Watts Elementary

*Durham Public Schools Community Education & Family Engagement Department*



[www.dpsnc.net/afterschool](http://www.dpsnc.net/afterschool)

2020 - 2021

# Pre-K Afterschool Program at Morehead & Watts Elementary

DPS Community Education & Family Engagement Department



Durham Public Schools offers quality and affordable afterschool programs for Pre-K students at selected sites. Each program provides a safe and nurturing environment for active engagement and enriching activities beyond the regular school day.

## Afterschool Offers...

- Experienced and trained staff
- Opportunities to make new friends
- Organized indoor and outdoor games and physical activities
- Healthy afternoon snacks



### Hours

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.

### Registration Deadlines

Registration forms are processed in the order they are received. 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.

Traditional school students requesting to start on the first day of school must be registered by **August 13, 2021**. Students registering after these deadlines will experience a minimum waiting period of two business days. 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.

### Registration

#### Registration Fee:

*Non-refundable registration fee*      \$35 per child

#### Watts: 2:15 p.m. - 6:00 p.m.

<i>20 day afterschool fee (monthly)</i>	\$205
<i>Afterschool for 2nd child</i>	\$180
<i>Afterschool for 3rd child</i>	\$105
<i>Weekly fee</i>	\$110

#### Morehead: 3:45 p.m. - 6:00 p.m.

<i>20 day afterschool fee (monthly)</i>	\$180
<i>Afterschool for 2nd child</i>	\$155
<i>Afterschool for 3rd child</i>	\$80
<i>Weekly fee</i>	\$90

*\*A two-week written notice of withdrawal is required to receive a refund from the program.*

## To Register

Complete a registration form, send the fee for one 20-day cycle plus the \$35 registration fee for each child. This registration fee and one cycle payment is not refundable.

### By Mail: Community Education

Attention: Accounting Office  
P.O. Box 1967  
Durham, NC 27702-1967

**Drop-off Box:** Please visit our office located at 2107 Hillandale Road (I-85, exit 174-B). Our office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m.

**Online:** [www.dpsnc.net/afterschool](http://www.dpsnc.net/afterschool)

**By Phone/Fax:** Fax your completed registration form to (919) 560-2177 to the attention of the Accounting Office. To verify receipt of the faxed registration form, and to make your payment by credit/debit card, please contact us between 8:00 a.m. to 5:00 p.m. at (919) 560-9488. A 3% convenience fee will be added to all credit/debit card transactions.

**For frequently asked questions or to view our program policies, please visit our website at [www.dpsnc.net/afterschool](http://www.dpsnc.net/afterschool).**

## 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 afterschool programs are open according to the official school calendar of Durham Public Schools and are 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.
- 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](http://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.
- A 3% convenience fee will be charged on all credit/debit card transactions and online 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 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.
- I will update my child's emergency and other pertinent information if changes occur. It is my responsibility to sign my child out when leaving the afterschool program 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.

Check us out on the Internet at [www.dpsnc.net/afterschool](http://www.dpsnc.net/afterschool)

Tax ID Number: 56-6001021

Durham Public Schools does not discriminate on the basis of sex, color, religion, national origin, age or disability in any of its educational or employment programs or activities.

# Registration 2021-2022 Pre-K Afterschool Programs

For Office USE Only:

Child's Name:	Preferred Name:	DOB:	Age:	Grade (Aug 21):	Start Date:
School Name:					Amt. Pd.
2nd Child's Name:	Preferred Name:	DOB:	Age:	Grade (Aug 21):	Ck#:
School Name:					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](http://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 full in afterschool 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