

# Before & AfterSchool PROGRAMS Registration FORM 2017-18

For Office USE Only:

Child's Name:	Preferred Name:	DOB:	Age:	Grade (Aug 17):	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 17):	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 shall 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 stated 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 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 billing and account information by email.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



2017-2018

# Before & AfterSchool

# PROGRAMS

Durham Public Schools  
*Community Education &  
Family Engagement*



**DURHAM**  
PUBLIC SCHOOLS



## Quality Standards:

All of the before and afterschool programs are licensed by the North Carolina Department of Health and Human Services Division of Child Development. They qualify for day care assistance vouchers managed by the Department of Social Services (DSS). Our five-star licensed school-age care program provides a balance of structured and free-choice activities designed to stimulate the students' social, emotional, intellectual and physical development. The program expands children's experiences, extends their learning and provides warm and caring support for children and peace of mind for parents.



## 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
- 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 snack prepared by DPS Child Nutrition Services

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

## Operating Information:

Before school programs open at 6:30am 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 6:00pm. There is a late pick-up fee for children after 6:00pm.

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.

## Schedule 1

### Before school: (6:30-7:45am)

20 day before school fee (monthly)	\$60
Before school for 2nd child	\$55
Before school for 3rd child	\$15

### Afterschool: (2:25-6:00pm)

20 day afterschool fee (monthly)	\$205
Afterschool for 2nd child	\$180
Afterschool for 3rd child	\$105

Weekly fee (Before & Afterschool) \$130

### Plan 1/ Bell Schedule (7:45-2:15)

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

## Schedule 2

### Before school: (6:30-8:30am)

20 day before school fee (monthly)	\$70
Before school for 2nd child	\$65
Before school for 3rd child	\$25

### Afterschool: (3:00-6:00pm)

20 day afterschool fee (monthly)	\$195
Afterschool for 2nd child	\$170
Afterschool for 3rd child	\$95

Weekly fee (Before & Afterschool) \$130

### Plan 2/ Bell Schedule (8:30-3:00)

Eastway  
Eno Valley  
Glenn  
Hillandale  
Hope Valley  
Southwest  
YE Smith (8:45-4:15)

## Schedule 3

### Before school: (6:30-9:15am)

20 day before school fee (monthly)	\$85
Before school for 2nd child	\$80
Before school for 3rd child	\$40

### Afterschool: (3:45-6:00pm)

20 day afterschool fee (monthly)	\$180
Afterschool for 2nd child	\$155
Afterschool for 3rd child	\$80

Weekly fee (Before & Afterschool) \$130

### Plan 3/ Bell Schedule (9:15-3:45)

Burton  
Forest View  
Morehead  
Pearsontown  
EK Powe  
CC Spaulding  
RN Harris

## Registration Deadlines:

Registration forms are processed in the order they are received. **If the program site has reached capacity, registrants will be placed on a waiting list.** Year-round students requesting to start on the first day of school must be registered by July 7, 2017. Traditional school students requesting to start on the first day of school must be registered by August 15, 2017.

**Registration Fee:** *Non-refundable registration fee* **\$35** (per child)

*\*Fees are due upon registration. No refunds will be issued with less than a two week written notice of withdrawal prior to a cycle beginning. Programs are licensed by the NC Division of Child Development and Early Education and are eligible for day care vouchers from the Department of Social Services. The fees for school age programs are subsidized for all families.*

# Register TODAY!

See registration form on the back. Please fill out completely to help secure a spot for your child.

## 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.
- 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 that a late pick-up fee of \$10.00 is charged for each 10 minutes or portion thereof after 6:00pm. Once I have accumulated five late pick-ups my services will be terminated.