

Before School 2019-20 Programs for Middle Grades

Durham Public Schools *Community Education
and Family Engagement*

Community Education is pleased to provide quality and affordable before school programs at Durham School of the Arts and the School for Creative Studies, where learning is fun! Our programs provide families with a safe and nurturing place for their children to be actively engaged in enriching activities during the before and afterschool hours.



Hours:

Before school programs open at 6:30 am and operate until the first school bell rings.

Registration Deadline:

Year-round students starting on the first day of school must be registered by July 15 and Traditional calendar students by August 16. Students registering will experience a minimum waiting period of two business days. Longer start dates could apply. New registrations are accepted based upon appropriate staffing and school space.

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



DURHAM
PUBLIC SCHOOLS

Registration:

Registration Fee:

Non-refundable registration fee \$35 (per child)

Before school:*

20 day before school fee (monthly) \$85

Before school for 2nd child \$80

Before school for 3rd child \$40

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

In Person: Please visit our office located at 2107 Hillandale Rd. (I-85 exit 174-B). Our office hours are Monday-Friday from 8:00 am-5:00 pm.

By Phone/Fax: Fax your completed application to 919-560-2177 to the attention of the Accounting Office. Then call us during business hours at 919-560-9488 to verify we received it and to make your payment by credit/debit card. A 3% convenience fee will be added to all credit/debit card transactions.

Contact:

- I understand the before school 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. I will not receive a bill. 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 30 day notice if the program is cancelled due to low enrollment.

Check us out on the Internet at www.dpsnc.net/afterschool

Tax ID Number: 56-6001021

The Durham Public School system 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.

Before School 2019-20

Programs for Middle Grades Registration

OFFICE USE ONLY

Amt. PD: _____ Start Date: _____

Check#: _____ Staff Initials: _____

Registrations are not accepted from families with past due accounts. **All shaded areas must be complete before a start date is assigned. (PLEASE PRINT).**

Child's name:

Sex: M F Birthdate: _____ Grade (Aug '19): _____

School: _____

2nd Child's name:

Sex: M F Birthdate: _____ Grade (Aug '19): _____

School: _____

3rd Child's name:

Sex: M F Birthdate: _____ Grade (Aug '19): _____

School: _____

Doctor preference: _____

Office Phone#: (_____) _____

Hospital preference: _____

(Person Responsible for billing) PLEASE PRINT!

***Parent/Guardian's Name #1:**

Address: _____

Apt#: _____ City: _____ Zip: _____

Email Address: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Place of Employment: _____

Work Phone: (_____) _____

Or Phone while away from home?: _____

Parent/Guardian's Name #2:

Address: _____

Apt#: _____ City: _____ Zip: _____

Email Address: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Place of Employment: _____

Work Phone: (_____) _____

Or Phone while away from home?: _____

EMERGENCY CONTACT:

(Other than parents/guardians that have permission to pick-up your child)

Name: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Cell: (_____) _____

***In order to release information about your account when you call on the phone, we will ask you for an identifying password.**

Your password is: _____

EMERGENCY CONTACT:

(Other than parents/guardians that have permission to pick-up your child)

Name: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Cell: (_____) _____

Is there a separation, divorce or custody concern of which our staff should be aware?

NO YES (If yes, please attach an explanation)

Does your child(ren) have any fears, allergies, medical or special conditions that may affect his/her stay during the program? Please attach an explanation of any physical, emotional, behavioral, or medical condition to this application.

NO

YES (Please explain on a separate sheet of paper and attach it to this application if necessary.)

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 and after school program contract and stated policies and procedures of the Durham Public Schools-Community Education. I certify that I have received (hardcopy/online) the parent handbook which includes the behavior management guidelines found at www.dpsnc.net/afterschool.

I give my permission for my child(ren) to participate fully in before and afterschool activities including field trips.

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

Program and account information will be sent to parent #1 email listed.

Signature: _____

Date: _____ Relationship to child: _____

Select Payment Option:

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

Visa Master Card Discover AMEX

Amount \$ _____ (One Time Payment)

(A 3% convenience fee will be charged on all credit/debit card transactions.)

(Initial) Automatic Draft Option (No Convenience Fees Charged on Automatic Drafts)

I hereby authorize DPS-Community Education to debit the account listed below for monthly tuition fees on the 15th of each month (or next business day). 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.

Account Holder's Name: _____

Account No: _____ - _____ - _____ - _____

Exp. Date: ____/____/____ 3 Digit Security Code: ____ __ __

Signature: _____ Date: ____/____/____

Checking Account (attach voided check)

Account Holder's Name: _____

Routing No. (First 9 Numbers): _____

Account No. (Second Set of Numbers): _____

Check No. (Third Set of Numbers): _____

Bank Name: _____