

***EMERALD COVE MIDDLE SCHOOL
BEFORE & AFTER SCHOOL PROGRAM
2018-2019***

The After School Program provides our students with a safe environment from 4:05 p.m. – 5:10 p.m. We will also provide Morning Care from 7:45 a.m. – 9:00 a.m. **(Students must arrive no later than 8:45)** These programs will provide opportunities for personal enrichment and academic improvements through recreational activities, homework assistance as well as social skills development.

All Programs will start on Monday, August 20, 2018

ACTIVITIES WILL INCLUDE:

**Cooking, Sports Programs, Computers,
Homework Assistance, Recreational Room**

**MONDAY – THURSDAY (After School)
Snack & Juice provided**

Closed Friday afternoon

MONDAY – FRIDAY (Morning Care)

Fees: \$60.00 per month

Online payments at:

www.palmbeach.schoolcashonline.com or

through SIS Gateway

Due on the 1st of each month

(NON-REFUNDABLE)

***A late fee of \$10 will be assessed for payments received
after the 10th of each month!***

REGISTRATION IS REQUIRED

Emerald Cove Middle School Before & After School Registration Expectations Contract 2018-2019

Fees: \$60 per month due on the first of every month. (Covers Morning / Aftercare)

Students who are chosen for the program will be **REQUIRED** to abide by the following guidelines in order to ensure success at all levels:

1. Respect the rights and feelings of all other program participants.
2. Respect **ALL** faculty members during all hours of the program.
3. If assigned for Homework Assistance, plan to attend entire session.
Students are **REQUIRED TO BRING STUDY MATERIALS WITH THEM.**
4. Report to Cafeteria immediately after dismissal.
5. If a student is absent from school he/she may not attend the after-school program.
6. If suspended from the bus for the regular school day, student may not ride the activity bus.
7. **All morning care students must arrive between 7:45 - 8:45.**
8. **Students must be picked up no later than 5:20 p.m. Please be advised: All supervision ends at 5:30.**
9. If a student is serving a detention after school he/she **MAY NOT** ride the activity bus home.
10. Students must attend their selected session for the entire time period unless they are picked up by an adult for early dismissal.
11. Misbehavior/referrals on the activity bus will result in suspension from the activity bus.
12. Movies shown in our Movie Room will be G and PG. Although this activity is voluntary, if you wish your child not to attend please attach a letter acknowledging this.
13. All school rules apply in both morning and after care including **use of cell phone.**
14. *Payments are due the 1st of each month. A late fee of \$10 will be assessed for payments received after the 10th of each month!*

_____ agrees to the above rules and regulations.

Student's Name

_____ Date

_____ Student's Signature

_____ Date

_____ Parent's signature

If you have any questions, please call Mr. Fredrickson or Mr. Accorto, After School Directors at 803-8000.

**** Please note that certain infractions such as fighting, stealing, and destruction of property will result in immediate dismissal.**

Before / After School Registration Form

Student's name - (Last) _____ (First) _____

Student Number _____

Student's name - (Last) _____ (First) _____

Student's Number _____

Parent/Guardian's Name

Dad/Guardian - (Last) _____ (First) _____

Home Phone _____ Cell Phone _____

Mom/Guardian - (Last) _____ (First) _____

Home Phone _____ Cell Phone _____

Family Physician: _____

Phone Number: _____

Persons authorized to remove your child from our program:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Contact persons in event of an emergency, if parents cannot be reached:

Name: (Last) _____ (First) _____

Phone Number: _____ Relationship _____

Name: (Last) _____ (First) _____

Phone Number: _____ Relationship _____

Do you grant permission to consult your family physician and/or send your child to the hospital emergency room in case of serious illness or accident? YES ___ NO ___

Does your child have any allergies: YES ___ NO ___

If so, please list: _____

Does your child need any medication while in our program? YES ___ NO ___

If yes, at what time and what medication: _____

Does your child have any medical problems of which we should know? YES ___ NO ___

Please specify: _____

Signature of Parent/Guardian

Date