

EPIPHANY AFTER SCHOOL PROGRAM 2011-2012

316 Sarasota Street Venice, Florida 34285 Phone: Main School Office (941)488-2215 Early Childhood Office (941)484-8556

Days/ Hours of Operation: Monday – Friday on school days; Pre-K children 2:00-5:30PM; Grades K-5th 2:50-5:30PM;

On most early dismissal days the program will be provided at the regularly stated rates.

Registration: Children must be pre-registered in the After School Program to be admitted.



\$25 registration fee required per family but not applied to your account. First prepayment: \$50 required & applied to your account.

General Sample Schedule: **2:00-3:00PM...Preschoolers-Gathering,supervised indoor or outdoor play;attendance,snack**
3:30-5:00PM...Preschoolers- Storytime, skills, followed by art/ music activities and learning centers
2:50-3:15PM...Grades K-5th- Gathering, attendance, directions, change clothes, restroom
3:15-3:40PM... Quiet reading time (Bring a book to read everyday.) **Homework time** followed by supervised indoor games, quiet activities /coloring/ puzzles etc.K-5th.
3:40-4:00PM...Snack (Send a snack with your child); structured activities indoors
4:00-4:30PM...Outdoor activities
4:30-5:00PM...Arts & crafts; video if time allows or if inclement weather occurs;
5:00-5:15PM...Clean up & organize for the next day.
5:30PM...Program closes; **All children must be picked up by 5:30PM**



Rates: \$10.00 per child per day; \$3 per add'l child per day within the same family (Ex. 2 childr.= \$13; 3 childr.= \$16)

Fees must be PREPAID by the day, week, or month. Unused prepaid days will be credited to the next week/ month.

Payments: Make checks payable to- **EPIPHANY AFTER SCHOOL**. Enclose payments in envelope clearly marked with child's name, grade & labeled After School so that payment can be appropriately recorded. **Payments due in advance each week.**

SNACKS: PLEASE SEND A DAILY SNACK FOR YOUR CHILD for After School.

Late Pick Up & Late Payment Fees: A \$10.00 late fee will apply for every 15 minutes after 5:30PM. After three late fees the child may be excluded from the program. Same fees apply to overdue/ late payments as well; Exclusion from program may result for non-payment. Complete, detach & return bottom portion only of this form to school along with your

➡ **\$25 registration fee per family (non-refundable) & first \$50 prepayment (applied toward your account).**



-----↔-----Complete, detach, & return to school with \$25 registration fee.-----↔-----

EPIPHANY AFTER SCHOOL PROGRAM Pre K- 5th Gr. REGISTRATION FORM 2011-2012

PLEASE PRINT. Fill out one form for each child (sibling) to be registered. Additional forms are available in the office.

Child's Name _____ Grade _____ Password _____

First Last

Street Address _____ City _____ State FL Zip Code _____ Home Phone() _____

List any special health info, allergies, medications: _____

Parent/ Guardian Work/ Cell Phone: Father's wk ph # _____ Mother's wk ph # _____ Other _____

Father's cell ph # _____ Mother's cell ph # _____ Other _____

*Check one: I DO I DO NOT want my K-5th grade child to work on homework in After School Program.

List/ Print below the names & info of those who are authorized by you to pick up your child.

For safety reasons anyone so authorized, including parents/guardians, must know password & may be asked for further ID.

Name _____ Phone _____ Relationship _____

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***Special notes:** Specific time & some guidance on homework will be provided during the Epiphany After School Program. It ultimately must be supervised & checked by parents/ guardians.

Discipline: Children who display inappropriate behavior may be excluded from activities during the program. Such behavior on three occasions will result in exclusion from the program. Parents will be notified.

I have read & understood all information & procedures regarding the Epiphany After School Program. I will support them & be responsible for fees & regular payment to be made in advance. Failure to do so may result in exclusion from the program.

Signature of legal parent(s)/ guardian(s) _____ Date _____

PLEASE PRINT YOUR NAME(S) HERE AS WELL. Thank you. _____ Relationship _____