



Before and After School Enrichment Program

Policies

Admission Eligibility – Any student enrolled in kindergarten through fourth grade at Crestview Local Schools.

Admission Registration Policy – A registration form with emergency contacts listed must be submitted with appropriate fees to the Before and After School Program Coordinator before the child will be admitted into the program. No child will be admitted if there is an outstanding balance on any school account.

Scheduling Policy – Parents/Guardians must fill out Scheduling form and return it to the Before and After School Program Coordinator before the beginning of the child service dates. The form allows a parent/guardian to submit a Full Time, Part Time, or Weekly schedule for the child. The parent/guardian shall submit a revised form as changes occur. All efforts will be given by the parent/guardian to keep to the Before and After School Program staff aware of the child's service dates and times, and to help ensure proper staffing.

Late Policy – If a parent/guardian is more than thirty minutes late at the end of the program day, the coordinator will contact an authorized person listed on the registration form to pick up the child. Authorized persons must provide proper identification in order to pick up the child. The coordinator will also inform the director of the situation. A penalty fee for late pick up will be assessed at \$1.00 per minute after closing time, determined by the official school time. A copy of the late pick up form must be completed by the site coordinator and signed by the parent/guardian who retains the original. This fee MUST be paid by the 15th of the following month or a suspension of the services provided will be upheld.

Inclement Weather Policy – Announcements concerning closings will be made on local radio and TV stations, and Crestview School's All-Call system. Parents/guardians are responsible for staying apprised of school closings. Parents/guardians should also have an alternate plan on file with the school.

Two Hour Delays – When schools operate on a two hour delay and subsequently school closes, the Before and After School Program will close at 10 AM.

Full day closing and/or Holidays – The Before and After School Program will be closed when school is not in session due to weather related conditions and holidays.

Suspension Policy – Parents/Guardians are required to pick up their child immediately if called because of inappropriate behavior. Parent/Guardian will be notified if the child’s behavior warrants suspension. Fights, physically hurting or attempting to hurt another child or teacher intentionally, inability to regain control of his/her temper, obscene or inappropriate language and/or behavior, being disrespectful in an intense manner, leaving the program or behavior contract consequence, may result in suspension. Three suspensions in one school year may result in permanent expulsion from the Before and After School Program. Once expelled, the child will not be readmitted to the Before and After School Program at any site or for any reason.

Withdrawal Policy – Parents/Guardians must notify the Before and After School Program Coordinator of their intent to withdraw the child during the child’s last week of attendance. If the child is absent from the Before and After School Program for two consecutive weeks without prior notification, the child will be automatically withdrawn.

Tuition/Fees – Tuition is based on enrollment status. Fees are subject to change.

Full Time 5 days a week, 1-3 hours a day		Part Time 3 days a week, 1-3 hours a day		Weekly	
AM	\$25/week	AM	\$15/week	AM	\$5
PM	\$50/week	PM	\$30/week	PM	\$10
Both	\$75/week	Both	\$45/week		

*15% Discount for Full Time attendees who pre-pay and pre-register at least a month in advance.

*10% Discount for Part Time attendees who pre-pay and pre-register at least a month in advance.

Tuition/Fees must be paid the week before attendance, preferably by Thursday, for all types.

After the first hour, there will be half hour increment payments.

Late pick-up fee: \$1 per minute after 5:30 PM

The minimum charge per day is \$5.00

Refunds will be given if medical excuse is provided.

Payment Policy – Tuition/Fees must be paid in full no later than the week before attendance, preferably by Thursday, for all types of attendees. Pre-registration and payment is needed to ensure proper staffing. Payments can be made using a credit/debit card, or by EFT (electronic funds transfer). Payments can be made digitally by scanning and emailing the completed forms to beforeandafter@ymcanet.org.

Payments for a late pick-up fee must be paid by the 15th of the following month or a suspension of the services provided will be upheld.

Food Consumption – There will be no snacks provided by the program to the child. The child must purchase any food/drink via the cafeteria, or bring the items from home. All food/drinks will be consumed in the cafeteria.



Before and After School Program

To ensure proper staffing during the Before and After School Program, please fill this form out as completely as possible. We understand that issues may arise and will be dealt with as needed. Please fill out a separate form for EACH child attending.

Student's Name: _____

Grade: _____ Teacher: _____

Bus #: _____ Car Ride: Yes/No

Type of Schedule: Please Indicate

Full Time AM Full Time PM Full Time AM and PM

Part Time AM Part Time PM Part time AM and PM

Weekly AM Weekly PM

Schedule: Dates are not needed for Full Time attendees. Please fill out chart for both Part Time and Weekly attendees.

Month:	Dates:				
Time	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Buying Breakfast? YES/NO Buying Afternoon Snack? YES/NO Bringing Snack? YES/NO

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Date



Before and After School Program

Policy Acknowledgement

I have read and fully understand the Before & After School Program policies. I acknowledge that I have received a copy of these policies and have had any questions answered to my satisfaction. Additionally, as a parents or guardian of an enrolled child, I agree to follow these stated policies and will be obligated by them.

Waiver

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the YMCA and Crestview Local School District and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting on their or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA as written in the YMCA Membership Handbook.

Child's Printed Name: _____

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Date

Before/After Program Representative Witness Signature

Date



Before and After School Program

Child Registration

Please fill out a separate form for EACH child attending.

Child/s Printed Name: _____

Date of Birth: _____ Gender: M/F Preferred Name _____

Grade: _____ Teacher: _____ Bus # _____ Car Rider? Y/N

ALLERGIES/MEDICAL PROBLEMS/CONDITIONS:

Medical Physician Name & Phone: _____

Hospital Preferred: _____

Requires medication during before/after school hours? Y/N Only prescribed medications may be administered by staff.

Clearly list medications: _____

Parent/Guardian Name: _____ Relationship: _____

Phone: H _____ C _____ W _____

Address: _____

Place of employment: _____ Email: _____

Parent/Guardian Name: _____ Relationship: _____

Phone: H _____ C _____ W _____

Address: _____

Place of employment: _____ Email: _____

Two Local emergency contacts MUST be listed below

1. Name _____ Phone: H _____ C _____ W _____

2. Name _____ Phone: H _____ C _____ W _____

Persons with permission to pick up child (other than the parents/guardians/emergency contacts)

*When one parent requests that their child not be released to another parent, appropriate custodial paperwork, such as a court order, must be on file.

**Any authorized persons must provide proper identification in order to pick up child.

- I agree to pick up my child as soon as possible if s/he becomes ill. If I cannot be reached, I understand that persons listed as emergency contacts may be contacted to pick up my child.
- In case of an emergency, if Crestview School is unable to reach me, I give permission for Crestview School to take such emergency action as it considers necessary and I give permission for any treatment prescribed by the attending physician. I agree to be responsible for all charge incurred in treatment of my child regardless of whether my insurance covers such charges.
- If I am later than 5:30 PM picking up my child and cannot be contacted within 15 minutes, I give permission for any authorized person listed to be contacted to pick up my child. I understand that any authorized persons must provide appropriate identification when picking up my child.
- I understand that I am responsible for the payment of all fees when they are due.

I certify by my signature below that the information provided is correct and I have read and understand the above information. Fraudulent information may result in expulsion from the program. Both signatures required for joint account responsibilities and privileges.

Signature: _____ Date: _____

Signature: _____ Date: _____

**Payments can be made digitally by scanning and emailing the completed forms to: beforeandafter@ymcanet.org

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I understand and authorize that NSF or collection fees (\$15) will be charged to my account for any dishonored check or Electronic Funds Transfer transaction. Such Non-Sufficient Funds (NSF) fees will be the maximum allowed by law, will include any applicable taxes, and will be electronically debited from my account.

I choose to utilize the EFT option for monthly payment direct debit from my Checking Savings

Bank Name _____ Name on Account _____

Routing/Transit Number _____ Account Number _____

Authorized Signature: _____ Date: _____

I choose to utilize the Credit Card Payment option for monthly payment (automatic direct charge to credit card)

Credit Card Type Visa American Express Discover MC

Account Number _____ Card Holder Name _____

Authorized Signature: _____ Expiration Date _____

Date _____