

# **Excell Academy's Before and After School Program**

## **2010-2011 Program Information**

### **Features :**

- breakfast snack for morning participants
- snack for evening participants
- gym and playground use
- skilled staff to work and have fun with the children
- homework help for students
- age appropriate enrichment, learning and recreational activities including:

Arts & Crafts  
Science Projects  
Games  
Skill Building  
Occasional Swimming  
Access to Computer Lab  
Public Library Use

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### **Hours of Operation:**

Before School 6:30 am – 8:45 am

After School 4:00 pm - 6:00 pm

- Excell Academy's Before and After School program is available Monday through Friday and is in conjunction with the Excell Academy School Year Calendar.
- On non-school days, there will be a program only if at least 80% of families sign up ahead of time.
- The program will not be open on holidays.

## Excell Academy's Before and After School Program Fee Policy / Program Regulations 2010-2011

**REGISTRATION:** A non-refundable registration fee of \$10.00 per child must accompany the completed registration form.

Before School 6:30am – 8:45am	COST: \$200.00 a month per student
After School 4:00pm – 6:00pm	COST: \$200.00 a month per student
Both Before and After School	COST: \$300.00 a month per student
Kindergarten Age Extended Day Program (12:00 pm – 4:00 pm)	COST: \$150.00 a month per student
“Gimmie A Break” Program	COST: \$ 30.00 per day per student
Occasional Users (twice per month)	COST: \$ 35.00 per use per student
Daily Rate	COST: \$ 52.00 per day
Hourly Rate	COST: \$ 7.00 per hour

**SIBLING DISCOUNT:** More than one student in the same family using the Before and After School Program will be charged an additional \$175.00.

For Example: Families with siblings registered in both before and after school will be charged \$300.00 + \$175.00 per sibling per month.

**PAYING FEES:**

Fees must be paid one week prior to your child attending the before and after school program for parents paying weekly. Fees must be paid one month in advance for parents paying monthly. All payments are non-refundable. Full payment is due whether or not your child is in attendance (including Holidays). No refunds are made due to absences. There will be a \$30.00 returned check fee on all returned checks. Excell Academy reserves the right to discontinue or limit service due to non-payment. Late payments are subject to a \$10.00 late fee. There are no prorated fee reductions given for specific days of use. The Program is scheduled along with Excell Academy's School Year Calendar. Families with accounts in default incur any costs for collection including legal fees. A written 30-day notice is required prior to dropping out of the Before or After School Program. If a 30-day written notice is not given fees will still be due as agreed.

**LATE PICK-UP PENALTY:** Any parent arriving after 6:00pm must pay a fine of \$1.00 for each additional minute.

- If your child(ren) is not picked up after ½ hour of overtime the late fees will double and your child(ren) may be taken to the nearest children's shelter.
- In case of an accident or emergency resulting in a late pick-up, the coordinator, or teacher must be notified and the late fee may be waived.

Parents must pick-up their child(ren) on time everyday. If late pick-up is consistent, parents will be asked to remove the child(ren) from the Program. Parents are also required to sign-in and out their child(ren) everyday.

**BEHAVIOR:** Students are expected to maintain good behavior at all times during the Before and After School Program. If the behavior is not appropriate, students will be given two warnings along with a conference with parents. If after the warnings the behavior does not improve the child(ren) will be asked to leave the Program. Excell Academy will not tolerate inappropriate / misbehavior at the Before and After School Program.

Our staff will insure that the highest level of care will be given to your child(ren) at the Before and After School Program, however Excell Academy will not be held liable for any injuries that may occur during the Before and After School Program.

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*Cut along the dotted line. Keep the top portion for your records and return bottom portion with registration materials.*

**I have read and agree to adhere to the Policies and Regulations of Excell Academy's Before and After School Program.**

**Parent Print Name**

**Parent Signature**

**Date**

\_\_\_\_\_

**Student(s) Print Name(s)**\_\_\_\_\_

**Date**\_\_\_\_\_

**Amount included with this registration:**\_\_\_\_\_

**Excell Academy's  
Before and After School Program**

**2010 – 2011 REGISTRATION FORM**

**A non-refundable registration fee of \$10.00 per child is required and is due at time of registration. Occasional users do not pay the registration fee (unless you plan to use the program more than twice per month), but must complete and return this form.**

\*Please review the fee policy before registering\*

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade \_\_\_\_\_  
Social Security # \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade \_\_\_\_\_  
Social Security # \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade \_\_\_\_\_  
Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (please include area code) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Please circle one: My child(ren) will attend >

Before School Only from 6:30 am – 8:45 am

Occasional Use Only

After School Only from 4:00 pm – 6:00 pm

Both Before and After School

**Emergency Information**

I give permission to call my child’s doctor / dentist in case of illness or emergency if I cannot be reached.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Does child(ren) have any physical problems we should know about? ( asthma, allergies, etc ):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is child(ren) taking any special medication?\_\_\_\_\_

Emergency contacts ( other than parents ) :

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Persons authorized to pick up my child(ren):

\_\_\_\_\_

\* Persons NOT authorized to pick up my child(ren):

\_\_\_\_\_  
\_\_\_\_\_

Parent(s) Print Name\_\_\_\_\_

Parent(s) Signature\_\_\_\_\_ Date\_\_\_\_\_