



Child's Name _____

Child's Grade for 2013-14 _____

SCHOOL DISTRICT OF MANATEE COUNTY EXTENDED DAY PROGRAM Terms and Conditions 2013-14

By placing your initials and signature below, you are confirming that you have read, understand and agree to the terms and conditions set forth as below.

_____ **Staff:** The program is supervised by the principal of _____, and operated by certified teachers, paraprofessionals and other staff. Any _____ employee may interact with your student during the program for a variety of reasons, i.e., homework assistance, discipline, etc.

_____ **Eligibility:** The School District of Manatee County's (SDMC) Extended Day Programs are open to children who attend the Manatee County Public School, where the programs are in place. Transportation is the parent's responsibility. The SDMC does not discriminate in admission or access to or treatment or employment in its programs and activities on the basis of race, color, religion, age, sex, national origin, marital status, disability or any other reason prohibited by law. Students Pre-K (4yrs by the start of the school year) through 5th grade are eligible to participate in the Extended Day Programs.

_____ **Illness/Accidents:** If a student becomes ill or requires medical attention, the staff will attempt to notify the parent, guardian or emergency contacts listed on the registration form. If, however, the staff is unable to reach anyone listed as an emergency contact, the staff will seek medical attention for your child if the situation warrants. Any financial obligations as a result of such medical attention will be the responsibility of the parent or guardian. It is recommended that parents or guardians obtain the 24-hour school insurance coverage for your student for added protection.

_____ **Medications:** School nurses are not present during program hours; therefore there will not be administration of ANY medications. If your child has food or other allergies, make sure the staff is aware. If your child has medical conditions that require nursing assistance, your child's participation is discouraged - although permitted - in this program, since nursing services are not available in the Extended School Day Program.

_____ **Registration Fee:** The registration fee is \$25.00 per child, per school year and must be paid at the time of registration. The registration fee is non-refundable. Please be sure to provide current emergency contact information on your registration card. It is extremely important that you notify the program director of any changes to the contact information on your child's registration. Failure to do so may be grounds to dismiss your child from the program.

_____ **Program Costs and Payments:** Program fees are paid weekly. Weekly fees are not prorated for non-school days. All fees must be collected in advance of your child's participation in the program. No charges are allowable for these services. Pre-payment of services assures compliance with the Florida State Constitution (Article VII, Section 10) which requires tuition to be paid in advance of services.

SESSIONS	1 st CHILD	EACH ADDITIONAL CHILD
Morning Only	\$25.00	\$15.00
Afternoon Only	\$45.00	\$35.00
Morning and Afternoon	\$55.00	\$45.00
Early Release Days	\$10.00	\$10.00
Enrichment/Summer Camp Programs	See Separate Fee Schedule	See Separate Fee Schedule

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_____ **By signing this agreement, you agree to pay in accordance with the schedule of fees. Program costs and payments are required in advance of your child's participation in the program.** Please do not send payments to school with your children. An adult must come in and make the payment in person to ensure receipt. If you do not pay in advance, your child will not be allowed to attend the program until payment is made. In the event your child attends the

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program and payment has not been made, a staff member will contact you immediately to pick up your child and your child will not be allowed to return to the program until payment is made. The school will not extend credit. Any checks returned for non-sufficient funds ("NSF") or rendered non-negotiable for any reason, will be forwarded to Check-Redi who has been contracted by the district to process checks returned unpaid. Check-Redi is authorized to redeposit the check for payment. The undersigned authorizes a service fee in the amount of \$25.00 to \$40.00, to be automatically deducted from their checking account for any checks returned non-negotiable and forwarded to Check-Redi for processing. Payments made by check are subject to re-presentation if returned for NSF or otherwise rendered non-negotiable, and further subject to an automatic deduction of any service fees associated with the collection of such check.

_____ **Absences:** Weekly Program fees are not adjusted for sick days and or vacation days. Weekly fees will be the same each week regardless of your child's attendance.

_____ **Right to Sue:** In the event you refuse to pay any outstanding fees due, including but not limited to, any amounts uncollected on a check returned non-negotiable, NSF fees, etc., the School Board of Manatee County, on behalf of _____, reserves the right to file suit to collect such fees. The School Board shall be entitled to recover, in addition to all other remedies or damages, reasonable attorneys' fees and court costs incurred in such suit.

_____ **Release of Children:** The welfare of your child is our main concern and therefore, no child will be released for departure to a person not listed as an authorized pick-up on the registration form. Staff will require identification from those individuals picking up your child who are unknown to staff. All children must be signed out by an authorized person over the age of 18.

_____ **Arrival and Dismissal Procedures:** Before school students may arrive as early as _____ a.m. Each child must be signed-in by an authorized person on the program attendance sheet. After school students may be picked up any time prior to _____ p.m., but they must be picked up no later than _____ p.m. Each child must be picked up within the school building and an authorized person must sign the child out on the attendance sheet. After _____ p.m., a late fee will be assessed as follows: \$5.00 for the first 15 minutes and an additional \$5.00 for every additional 15 minutes for a maximum fee of \$15.00. A child, who is picked up late, may be dismissed from the program. Staff reserves the right to contact CPS for abandonment if your child remains on campus beyond the time that the School District is statutorily required to provide supervision pursuant to section 1003.31, Florida Statutes (2011).

_____ **Authorized Persons:** Only those persons listed on your child's registration form are considered authorized persons. Authorized persons must be at least 18 years of age. Family members not listed on the registration card, will not be allowed to pick up the child. Phone verification by the program director will be made with you before your child is released to anyone who does not appear on the registration form. If the program director is unable to reach you, the child will not be released to anyone who does not appear on the registration form.

_____ **Change in Procedures:** Please notify the program director or leave a message with the school office if there are any changes in dismissal procedures for your child, whether temporary or permanent. This includes notifying the program director or staff if you pick up your child early from school. If your child changes their status in the program please contact the coordinator and fill out an Extended Day Program change in status form.

_____ **Student Conduct:** Guidelines and procedures for Extended Day Programs are the same as those in place during regular school hours and will be explained to your child. Rough behavior, disrespect, destruction of property, vandalism, use of profanity or any other inappropriate behavior will result in disciplinary action and if necessary, dismissal from the program. You will be contacted about serious or repeated misbehavior.

_____ **Calendar:** A school calendar will be provided on the first day of school. By signing below, I agree to the terms and conditions set forth above. Signed this ____ day of _____, 2013/14.

PRINT: SDMC Staff

Signature

PRINT: Parent Name

Signature