**Aftercare Program**

**2020-2021 school year**

**REGISTRATION AND RATES:**

All children attending the program must be registered at South Broward Montessori Charter School. A $25.00 registration fee per family is due at the time of registration.

**Registration form and payment must be turned in by October 16, 2020 -as only a limited amount of space is available.**

**Payment Options:**

* **Monthly:** $180.00 (due on the 1st of each month)
* **One-time care:** $15.00 per day (Emergency only)

**LATE FEES:**

Fees must be paid on or before the dates above. **Once the payment becomes past due, a $25.00 late fee will be added to the account**. **After 3rd, your child won’t be accepted in the program until the debt has been paid (no exceptions). If it falls on the weekend, you must pay before the date on late fees will be incurred.** If the account is not brought current within five days of being late, the child can no longer attend aftercare. However, the fees already accrued MUST still be paid.

**PAYMENTS:**

* Cash or Debit/Credit Card only.
* No Checks will be accepted.

**EMERGENCY AFTERCARE:**  If your child is not registered and you need him/her to attend aftercare because of an emergency, there is a rate of $**15.00 per day.** If you will need this service on a particular day, you must contact the Front Office by 10:00 a.m. so we can plan accordingly.

**HOURS OF OPERATION:**

* The aftercare program will operate from 3:00 to 6:00 p.m.

**CONTACT INFORMATION:**

Parents may contact the main office between 8:00 a.m. – 3:00 p.m. to address any issues or concerns. Aftercare staff needs to have eyes on students at all times. Therefore, we ask that you contact the office at 954-251-1443 should you have any concerns. During aftercare hours, the number to contact aftercare staff is 954-865-3042 and the email is: [jbrooks@sbmontessoricharter.com](mailto:jbrooks@sbmontessoricharter.com).

**AFTERCARE PROGRAM PROCEDURES:**

* Aftercare begins immediately after dismissal.
* The use of a mask is mandatory for indoor activities. Mask will be removed during snack time or outdoor activities when 6-feet distancing will be strictly enforced.
* For the students showing COVID-19 symptoms, parents will be contacted to pick up their child(ren) NO EXCEPTIONS.
* Students must be picked up by 6:00 p.m.
* Late fees will accrue after 6:00 p.m. at $10.00 for every 10 minutes.
* Parents or authorized pick-up personnel must sign the child out with a signature and indication of pick-up time. **A photo ID will be required**. Children will only be released to the Primary and Secondary Parent/Guardian as well as those listed in the Authorized Pick-up list.
* **Please note that after 6:00 p.m., the Broward Sheriff’s Office will be notified of students who have not been picked up by their parents. This may constitute child abandonment by the authorities.**
* Parents that are late picking up their children for more than three times in the School Year are subject to removal from the Aftercare Program. **This will be enforced.**
* If there are continuing behavioral issues, your child may be subject to removal from the Aftercare program.
* To keep all children and staff safe, parents or those authorized to pick up students are not permitted on campus. Aftercare staff will dismiss the students at the school gate designated for Aftercare dismissal.

Please complete the application on the following

page if you would like to sign up for the

Aftercare Program:

**Aftercare Registration Application**

**School Year 2020-2021**

**Student Information**

Student Name: Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level: \_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_­

**Primary Pick-Up**

**Mother’s/ Guardian’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father’s/Guardian’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact/ Authorized Pick- Up Other Than Parents**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge that I have completed this form to the best of my knowledge. I also give my child permission to fully participate in the South Broward Montessori Charter School Aftercare. I/We agree to comply with all the rules, regulations and policies as set forth in this packet. In addition I/We agree to the financial obligation and terms of payment for this program and understand that all unpaid balances will result in late fees and possible termination from the program. I/We also understand any past due balances may be submitted to a collection agency and subsequent collection agency fees will be applied to the open balances.

**Parent’s Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**AFTERSCHOOL CALENDAR**

2020-2021

Aftercare will **not be provided** on **Holidays, and Teacher Planning Days**. Please make a note of these dates to make arrangements for child care. Aftercare will be provided during Early Release Days. October 20 to June 9th \*Calendar subject to change\*

**No Aftercare:**

**November**  
Nov. 3 and 11  
Nov. 23-27

**December**Dec. 21-31

**January**Jan. 1 and 18

**February**Feb. 15

**March** Mar. 19-26

**April** Apr. 2

**May**

May 31