

**BOARDMAN LOCAL SCHOOL CHILD CARE**

**BEFORE / AFTER SCHOOL WEEKLY SCHEDULE**

Child'd Name \_\_\_\_\_ Bus# \_\_\_\_\_ Week of: \_\_\_\_\_

School: (Circle one) **M R S W C** Homeroom \_\_\_\_\_ Grade Level \_\_\_\_\_

Please complete the time schedule for this week

**Before School Hours:** (mark down the time your child will be starting)

**Monday      Tuesday      Wednesday      Thursday      Friday**  
\_\_\_\_\_  
\_\_\_\_\_

**Compute the cost for the week and fill in the blanks below:**

Total hours per week \_\_\_\_\_ X hourly rate = \$ \_\_\_\_\_

\*5.00 per hour for 1st child

\*2.00 per hour for 2nd child in family

\*\$1.50 per hour for 3rd child in family

Total cost his week (minimum charge per day is \$5.00) = \$ \_\_\_\_\_

**After School Hours:** ( Mark down the time your child will be picked up)

**Monday      Tuesday      Wednesday      Thursday      Friday**  
\_\_\_\_\_  
\_\_\_\_\_

Total hours per week \_\_\_\_\_ X per hourly rate\* = \$ \_\_\_\_\_

\*\$5.00 for 1st child

\*\$4.50 for 2nd child in family

\*\$4.00 for 3rd child in family

Total cost this week (minimum charge per day is \$5.00) = \$ \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

Dear Parents:

Please list three names of family or friends below that we may contact in the event that your child becomes ill or hurt during Before School or After School programs, and we are unable to contact you.

Also, I would appreciate two additional names other than parents that are authorized to pick up your child. Please note that anyone picking up your child other than the parents must show proper identification in order for your child to be released from the program.

Sincerely,



Karen Stillwagon-Kannal  
After School Coordinator

---

Child's Name \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I authorize the people listed below to pick up my child from the Before School/After School Program.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## BOARDMAN AFTER SCHOOL

WELCOME TO AFTER SCHOOL! IT'S A PLEASURE TO WORK WITH YOU AND YOUR CHILD(REN), AND WE LOOK FORWARD TO A VERY EXCITING AND REWARDING YEAR.

IN ORDER TO PROVIDE A SAFE AND SECURE ENVIRONMENT FOR EVERYONE, THE FOLLOWING GENERAL RULES HAVE BEEN DEVELOPED WHICH WILL BE IN EFFECT AT ALL TIMES.

1. SHOW RESPECT FOR PEOPLE AND PROPERTY.  
KEEP HANDS TO YOURSELF. (No Hitting, Pinching, Punching)  
NO PUTDOWNS; NO TEASING.  
CLEAN UP AFTER YOURSELF.  
USE EQUIPMENT APPROPRIATELY.
2. FOLLOW GOOD SAFETY PRACTICES.  
SIT AT TABLES APPROPRIATELY.  
PLAY GAMES ACCORDING TO THE RULES.  
INFORM THE TEACHER ANYTIME YOU ENTER OR LEAVE THE AREA.
- 3 THE BOARDMAN LOCAL SCHOOLS CODE OF CONDUCT APPLIES TO ALL STUDENTS ENROLLED IN THE AFTER SCHOOL PROGRAM.

WE WILL DISCUSS THESE RULES WITH YOUR CHILD, BUT WOULD APPRECIATE IT IF YOU WOULD REVIEW THEM WITH YOUR CHILD BEFORE YOU SEND THEM TO THE AFTER SCHOOL PROGRAM.

THANK YOU FOR YOUR INTEREST AND SUPPORT

AFTER SCHOOL STAFF

BOARDMAN AFTER SCHOOL PROGRAM  
PARENT LETTER OF AGREEMENT

I ACKNOWLEDGE RECEIPT OF THE AFTER SCHOOL PROCEDURES. I HAVE READ AND UNDERSTAND THE POLICIES AS STATED, AND I AGREE TO ABIDE BY THE REQUIREMENTS LISTED BELOW AS WELL AS ALL RULES SET FORTH IN THE AFTER SCHOOL GUIDELINES. IN RETURN, THE AFTER SCHOOL PROGRAM AGREES TO PROVIDE CARE FOR MY CHILD WHICH MEETS THE STANDARDS AND GUIDELINES OF THE PARENT'S PROCEDURE SHEET.

1. MY CHILD MAY NOT ATTEND THE AFTER SCHOOL PROGRAM UNTIL THE NECESSARY FORMS ARE COMPLETED AND ON FILE.
2. WEEKLY TUITION IS DUE IN ADVANCE AND IF PAYMENT IS NOT RECEIVED BY MONDAY AFTERNOON OF EACH WEEK. I WILL BE ASSESSED A \$5.00 LATE FEE. IF PAYMENT IS MORE THAN TWO WEEKS OVERDUE, MY CHILD MAY BE DROPPED FROM THE PROGRAM UNTIL ACCOUNTS ARE PAID TO DATE.
3. THE AFTER SCHOOL PROGRAM ENDS AT 6:30 P.M., AND I WILL MAKE EVERY ATTEMPT TO SEE THAT MY CHILD HAS DEPARTED BY THAT TIME. I WILL BE CHARGED A LATE FEE OF \$2.00 PER 5 MINUTES BEGINNING AT 6:30 P.M. (6:36 PICK UP WILL RESULT IN A \$4.00 FEE.)AFTER THE THIRD TARDY A \$25.00 FEE WILL BE ASSESSED. AT APPROXIMATELY 6:45 P.M. THE EMERGENCY NUMBERS I HAVE GIVEN TO AFTER SCHOOL WILL BE CALLED. MY CHILD'S ENROLLMENT MAY BE TERMINATED FOR RECURRENT LATENESS.
4. **I MUST INFORM THE SCHOOL OR A STAFF MEMBER IF MY CHILD IS NOT ATTENDING ON HIS RESERVED ATTENDANCE DAYS.**
5. IF MY CHILD IS POSING A SERIOUS OR RECURRENT DISCIPLINE PROBLEM WHICH CANNOT BE RESOLVED, HE/SHE MAY BE SUSPENDED OR EXPELLED FROM THE AFTER SCHOOL PROGRAM.
6. IF A CHILD HAS SPECIAL NEEDS WHICH REQUIRES AN ADDED EXPENSE TO THE PROGRAM, I MAY BE ASSESSED AN ADDITIONAL FEE.

DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

NAMES OF ENROLLED CHILDREN \_\_\_\_\_

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