

After-School Care Enrollment Form

Smackover-Norphlet School District

The \$25 registration fee per family and this form must be completed and submitted to the office before a child will be allowed to attend the after-school care program.

Please submit an enrollment form for each child.

STUDENT INFORMATION

Child's Name _____

Grade Level in 2019-20 _____ Date of Birth _____

Campus for 2019-2020: SES NMS

PARENT INFORMATION

Parent/Guardian #1 Name _____

Phone Number (Home/Cell/Work) _____

Email Address _____

Home Address _____

Four Digit Code (to check child out)

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|--|--|--|--|

Parent/Guardian #2 Name _____

Phone Number (Home/Cell/Work) _____

Email Address _____

Home Address _____

EMERGENCY CONTACTS

| Name | Relationship to Child | Phone Number |
|------|-----------------------|--------------|
| | | |
| | | |
| | | |

Please list the name(s) of any people who are NOT allowed to pick up your child. _____

MEDICAL INFORMATION

Medical Conditions _____

Medicines Taken _____

Allergies _____

AFTER-SCHOOL CARE OPTION

_____ Option 1 – My child will attend after-school care each day and I will be charged a rate of \$7/day regardless of how many days a week my child will attend.

_____ Option 2 – My child will attend after-school care on a drop-in basis and I will be charged a rate of \$9/day. I understand that I must contact the administrative assistant at my child’s school by 2 pm in order for my child to attend after-school on that day.

PARENT AGREEMENTS

Please **INITIAL** beside each statement below.

_____ I understand that after-school care ends at 5:30 pm each day. If I am late, I will be assessed an extra fee of \$1 for every minute that I am late.

_____ I understand that if I am late picking up my child more than three times, my child will be dismissed from the program.

_____ I understand that there will be an additional cost of \$5 per day for days in which school is dismissed early.

_____ I understand that the after-school care program will be canceled if school is dismissed early for inclement weather.

_____ I understand that payment must be made by the end of the week in which services are provided. Accounts which are not current by the 5th of each month will be assessed a \$65 late payment fee and dismissal of the student(s) from the after-school program. In addition, paperwork will be filed in small claims court.

_____ I understand that I must have a working phone number and a working email address on file with the after-school program. If my phone number or email address changes, I will notify the after-school program immediately. Failure to have a working phone number and email address will result in dismissal of my child from the after school program.

Once your child is fully enrolled in the after-school program, you will be sent an invitation through email to join the Sandbox Parent Portal.

Please accept the invitation and confirm that all information regarding your child was entered correctly. If any changes need to be made, use the edit button to update the information.

_____ I understand that I am responsible for creating an account in the Sandbox Parent Portal once an Invitation is sent to me through email.

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For office use only:

_____ \$25 family registration fee has been submitted