



**ELIZABETHTOWN INDEPENDENT SCHOOLS
MORNINGSIDE AFTER SCHOOL CARE PROGRAM
2006-2007 REGISTRATION AND ENROLLMENT POLICIES**

Registration: The parent/guardian must read and complete the Registration Form attached and submit it with **(\$20.00 Registration Fee and first WEEK'S Tuition)** for students not previously in the program, **OR (\$10.00 plus first week's tuition for returning After School Program students)** to the Morningside Elementary School ASCP Office. Children who cannot be immediately enrolled will be placed on a waiting list. The Program will be held at Morningside Elementary serving Helmwood Heights and Morningside students.

Enrollment:

1. Parents will be provided with a set of Registration and Enrollment Forms for each child. All forms must be completed (front and back) and returned to the Program Director before the child's first day of attendance. This form must be renewed at the beginning of each new school year. Parents will also need to provide a copy of an immunization certificate and medical examination form for each child.
2. Parents must pay a \$20.00 non-refundable Enrollment Fee (\$10 for re-enrollment) and the first week's Tuition Fee before the child's first day of attendance. **Receipt of these fees officially places the child in the Program for the entire school year.**
3. Children will be allowed to attend the Program only after all forms have been completed and returned, and payments have been submitted.

ENROLLMENT AGREEMENT

1. I understand that my child _____ is enrolling in the Morningside After School Care Program at Morningside Elementary School for the 2006-2007 School year.
2. I understand that the Program will be in operation on every student attendance day in which Elizabethtown Independent Schools are in session. In addition, the program will operate on "non-school days" TWD/FDEA/Breaks. The program will begin at 2:45 p.m. and end at 6:00 p.m. on school days. Hours of operation on "non-school" days will begin at 7:00 a.m. and end at 6:00 p.m. Days, in which the Elizabethtown Independent Schools are closed due to inclement weather, the ASCP Program will also be closed.
3. **I understand that I am responsible for advance payment of weekly fees in the amount of \$30.00 (normal school week), \$45.00 (teacher work day in the week), or \$80.00 (Fall or Spring Break). Tuition is billed and due each Friday in advance of services rendered, and is therefore pre-paid on a weekly basis. Tuition payments not keep up-to-date will be charged a late fee of \$20.00 each month.**
4. I will give 10 days notice in writing prior to **withdraw** from the Program, during which time I will be responsible for payment of fees for those two weeks.
5. **I understand that in the event of any absences during Program hours, I will be responsible for fees for *time reserved, not actual time* spent in the Program.**
6. *I will update my child's file information as this information changes.*
7. The Program staff will assume full responsibility for my child from the time he/she arrives at the Program until my child leaves, according to the written instructions for departure.
8. If a medical emergency arises, the Program staff will first attempt to contact me. If I cannot be reached, the staff will contact my child's doctor. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take the child to the hospital.

I agree to adhere to the stated policies and procedures of the Program as stated here and in the Parent Handbook, and give my child permission to participate fully in the Program. I will receive a copy of this Form.

Date

Signature
Relationship to Child

Submit this completed form and required fees to the Program Director, or to Morningside Elementary School.
REVISED 04/11/06

Separate Registration Form Needed for Each Child

Child's Name _____ Date of Birth _____

Circle School Attending in 06-07 MES, HH, or TKS. Grade in 06-07 _____

Parent's Names 1) _____ 2) _____

Email address _____

Address _____ Home Phone _____

Cell Phone 1) _____ Cell Phone 2) _____

1) Employer _____ Work Phone _____

2) Employer _____ Work Phone _____

Days of Participation: Monday Tuesday Wednesday Thursday Friday

Approximate Pick Up Time _____ (Must be by 6:00 p.m. or subject to a late fee of \$5.00 for every 5 to 15 minutes per child.)

Name of person picking up child(ren) if other than parent listed above: *(Prior permission by parent/guardian and photo I.D. is required for any person not listed on this form).*

Name _____ Home Phone # _____

Cell Phone # _____

Relationship _____

Name _____ Home Phone # _____

Cell Phone # _____

Relationship _____

Name _____ Home Phone # _____

Cell Phone # _____

Relationship _____

1. I hereby give permission for my child to attend the After School Care Program at Morningside Elementary School. The staff has permission to seek emergency medical treatment for my child in the event that I cannot be reached. I understand that my child is expected to follow all rules and policies of this program and that failure to do so can result in my child being removed from the program. I also understand that this program meets all licensing requirements of the State of Kentucky and that **I am obligated to pay tuition regardless of the number of days my child attends the after school program. If my account is over due by \$100.00, I must discuss my account with the director to decide if my child will be discharged from the program until the account has been paid in full.** Reinstatement may occur on a space-available basis when all fees have been paid. Any questions, 270.763.0459

Parent's Signature _____ Date _____