

# ORANGEWOOD BEFORE AND AFTER SCHOOL PROGRAM

2017-2018

Director: Ms. Deb Dustin  
4001 DeLeon Street, Fort Myers, Fl. 33901  
239-936-2950, 239-936-6126 (4:15-6:00)

**Program purpose:** To provide PreK-5 students with a structured, safe environment, while meeting the needs of the working parent.

**Times:** Before School hours, 7:00 AM-8:35 AM. After School hours, 3:10 PM-6:00 PM.

**Pick Up Procedures:** Please sign in and out through the MAIN office. Notify your child's teacher if there are any changes in dismissal. Anyone else picking up your child WILL NEED TO SHOW PHOTO ID. There is a password required if you call and give permission for someone to pick up your child if they are not on the list. Make sure they know the password. Sign your name and put time out on sheet. No initials please.

**Activities:** Homework, reading, snacks and inside/outside play. NO TOYS allowed from home, please. It is your responsibility to check your child's homework each night. Time will be permitted for children to work on homework.

**Medication Policy:** Students who need to take medication should have a parent permission form and a physician's note on file in the clinic.

**Discipline:** Children will be safe at all times, respect other students and adults, follow directions and keep hands and feet to themselves.

**Consequences:**

1. Verbal warning (unless aggressive or inappropriate language-discipline write up)
2. Time out from group. (discipline write up)
3. Time out in office (discipline write up)

If a child receives three discipline write ups they will be removed from the program.

If necessary the Director may call the parent and have the child removed immediately.

**Payment Procedure:**

Yearly registration fee per family: \$25.00

Weekly fee for Before School: \$30, sibling fee: \$20. Before School daily: \$6, sibling: \$4.

Weekly fee for After School: \$40, sibling fee: \$30. After School daily: \$8, sibling: \$6.

ASP early pick up by **4:00 pm** - \$ 4 per day.

***IMPORTANT: PAYMENT IS DUE BEFORE YOUR CHILD COMES TO THE PROGRAM. ALL SERVICES MUST BE PREPAID, PER ORDER OF THE LEE COUNTY SCHOOL BOARD. THERE WILL BE A \$10 LATE PAYMENT CHARGE IF PAYMENT IS MADE AFTER ATTENDANCE. Parents are responsible for notifying the ASP if your contact information changes.***

***Your child will not be able to attend if you have an outstanding balance.***

**Late Pick Up Policy: \$2 per minute. Maximum of two late pick ups allowed. Your child will be released from the program on the third late pick up.**

Signature \_\_\_\_\_ password \_\_\_\_\_

**REGISTRATION**

Child's name: \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_  
Teacher's name: \_\_\_\_\_  
Anything special we need to know:

\_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Child's name: \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

Teacher's name: \_\_\_\_\_  
Anything special we need to know:

\_\_\_\_\_

\_\_\_\_\_

3<sup>rd</sup> Child's name: \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

Teacher's name: \_\_\_\_\_  
Anything special we need to know:

\_\_\_\_\_

\_\_\_\_\_

Mother \_\_\_\_\_ email: \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

Father \_\_\_\_\_ email: \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

Child lives with both Mom and Dad \_\_\_\_ Only Mom \_\_\_\_ Only Dad \_\_\_\_

**My password** \_\_\_\_\_

Emergency contacts that may also remove my child from the program:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**I give my child permission to participate fully in the Orangewood Before and After School Programs. I agree to pay the \$25 registration fee and I understand that payment must be made prior to my child attending the program. I further agree to pay all late fee charges and give permission for my child's photo to be taken. I agree to allow my child to watch a PG movie. I have read and understand the policies and procedures of the program.**

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

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

---