

**Orangewood Before and After School Program**  
**2020-2021**

Directors: Shantae Owens and Tina Southworth  
4001 DeLeon Street, Fort Myers, Fl. 33901  
239-936-2950 School's Main Line  
239-936-6126 After School Line

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

**Times:** Before School hours 7:00 AM-8:30 AM. After School hours 3:10 PM-6:00 PM

**No Afterschool Program on Early Release Days**

**Drop off and pick up Procedures:** Please sign in and out through the main office. Please have your photo ID with you when picking up your child. There is a password required if you call and give permission for someone to pick up your child if they are not listed on the registration form. **Make sure they know the password.**

**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:** Students must always be safe, follow directions, respect adults and other students.

**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: Please bring payments to the main office before your child attends. We only accept checks or cash.**

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 attends the program. All services must be prepaid, per order of the Lee County School District. There will be a \$10 late fee for all payments made after attendance.**

**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 Program. 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:**