

EAST QUOGUE U.F.S.D.

2021 – 2022

BEFORE/AFTER SCHOOL PROGRAM

RATES AM: \$10.00 per session/per child 7:30 – 8:50 a.m.
PM: \$5.00 per hour or \$10:00 per session/per child 3:15 – 5:00 p.m.

1. I understand that payments received after the Friday of the week my child attended are subject to a \$2.00 per day late fee charge. This charge is for every day my payment is late past the payment due date, excluding weekends. I also understand that the checks must be payable to the East Quogue School District.
2. I understand that if my check is returned for insufficient funds, a \$15.00 fee will be charged. After a second check is returned, all fees will be required to be paid by cash or certified check only.
3. I understand that I, *or a person authorized by me*, must sign my child into the program for the morning and/or sign my child out when leaving the afternoon session.
4. I understand that if school is closed or closes early due to inclement weather or any other emergency, the Before and After School Program will be closed.
5. If, for any reason, my child will not be attending the program on a scheduled day, I will notify the Main Office in advance.
6. I understand that the After School Program *closes promptly at 5:00 p.m.* If I arrive after closing time, I will incur a \$4.00 late fee for every 15 minutes, or part thereof, that I am delayed. If I know that I will be late, I agree to arrange for an authorized person to pick up my child from the Program. The third lateness will result in withdrawal of my child from the program.
7. I understand that if my child becomes ill during program hours, I will be contacted. I, or an authorized person, agree to pick up my child as soon as possible.
8. I understand that no medication, including aspirin, will be administered by the Before/After School staff.
9. I understand that my child's acceptance into the program depends on his/her ability to comply with the rules and regulations of the program.
10. I agree to inform the program staff immediately of any changes in the information I have provided and of any special needs my child may have.
11. I understand that, during the After School Program, any child picked up between 3:15 p.m. and 4:15 p.m. will be charged \$5.00. Any child picked up between 4:16 and 5:00 p.m. will be charged \$10.00.
12. I understand that if I am more than one half hour late and attempts have been made to reach me or the emergency number listed, the Southampton Town Police will be called.

IF A MEDICAL EMERGENCY ARISES, THE BEFORE/AFTER SCHOOL STAFF WILL ATTEMPT TO CONTACT ME. IN THE EVENT I CANNOT BE REACHED, I GIVE PERMISSION TO PROVIDE MEDICAL ATTENTION FROM A PHYSICIAN AND/OR HOSPITAL FOR MY CHILD.

Parent/Guardian
Signature _____

Date _____

BEFORE SCHOOL PROGRAM

PROGRAM HOURS: 7:30 – 8:50 A.M. MONDAY THROUGH FRIDAY

My child will be attending the program on:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Occasionally _____ please explain: _____

I give my child _____ permission to attend the Before School Program. I understand that I must provide either a daily or weekly permission slip to cover each day my child will be attending the program. I understand that I must pay the \$10.00 charge per session, per child, each day.

Parent/Guardian Signature

Child's Name _____ Age _____ Teacher _____

Address _____ Home Phone _____

Parent's Names _____

During program hours, Mother may be reached at _____

During program hours, Father may be reached at _____

Designated Authorized Alternate _____

In case of emergency, please call _____

At (location & phone number) _____

Email address: _____

Please list information we may need to know when caring for your child:

AFTER SCHOOL PROGRAM

PROGRAM HOURS: 3:15 – 5:00 P.M. MONDAY THROUGH FRIDAY

My child will be attending the program on:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Occasionally _____ please explain: _____

I give my child _____ permission to attend the After School

Program. I understand that I am responsible for picking up my child by *5:00 p.m.* each day. I

understand that I must provide either a daily or weekly permission slip to cover each

day my child will be attending the program. I understand that I must pay the \$10.00 charge per session, \$5.00 charge per hour, per child, each day.

Parent/Guardian Signature

Child's Name _____ Age _____ Teacher _____

Address _____ Home Phone _____

Parent's Names _____

During program hours, Mother may be reached at _____

During program hours, Father may be reached at _____

Designated Authorized Alternate _____

In case of emergency, please call _____

At (location & phone number) _____

Email Address: _____

Please list information we may need to know when caring for your child:

