



Before and After School Programs 2019-2020

We are excited to continue our Morning and After Care programs this coming school year. Below, you will find details on the two programs being offered. Families may pay a single registration fee for both programs; however, they are priced and billed separately. Your family will be charged on a monthly basis for the days/ weeks your student(s) attend. Both programs will run during the school year beginning August 19, 2019 - May 22, 2020. Registration information can be found on the final page of this packet.

Morning Care Program (before school) 7:00 a.m. – 8:00 a.m.

Our morning care program is perfect for families searching for care prior to the start of the school day. The Morning Care Program, located in the cafeteria at both campuses will open at 7:00 a.m. Students in grades K-3 will be at our west campus and grades 4-8 will be at our east campus. This will be a quiet time to study, to finish homework, and to interact socially with other students through quiet play. A small morning snack will be provided, and a full breakfast is available to purchase. At 8:00 a.m., students will be dismissed or taken to their homerooms. Morning Care will not be offered on days that our school incurs a two hour delay.

After Care Program (after school) 3:00 p.m. – 6:00 p.m. (3:00-4:30 at west campus daily)

The After Care Program is perfect for families looking for care for their student after the school day is over. Students in grades PK-3 will be offered an abbreviated program at our west campus from 3:00-4:30. Students in grades K-3 that would like to take advantage of the full program will be bused via Miamisburg School District busing and will be at our east campus. The program will include snack, outdoor play, indoor games, and will provide the opportunity for quiet time to work on homework and study. **This program will be in session all school days. On our Early Dismissal Days, aftercare will end at 4:00 p.m. No before or aftercare will be available on snow days.**

FEE SCHEDULE Morning Care and After-School Care

2019-20 REGISTRATION FEE: \$50.00 per family- covers registration for one or both programs

MORNING CARE PROGRAM (before school 7:00 a.m. to 8:00 a.m.)

FULL TIME

One Child \$20.00 per week
Two Children \$35.00 per week
Three Children \$50.00 per week

PART TIME AND DROP-INS

One Child \$8.00 per day
Two Children \$14.00 per day
Three Children \$18.00 per day

AFTER CARE (after school from 3:00 to 6:00; 3:00-4:30 at west campus daily ; 12:40 to 4:00 on early dismissal days)

FULL TIME

One Child \$99.00 per week
Two Children \$150.00 per week
Three Children \$167.00 per week

PART TIME AND DROP-INS

One Child \$28.00 per day
Two Children \$36.00 per day
Three Children \$42.00 per day

Special rates available for children picked up before 4:30 (2:30 on early dismissal days)

Per Child \$16.00 per day/ \$52.00 per week

LATE FEES: \$1.00 per minute after 6:00 p.m.

ADDITIONAL INFORMATION: You will always be charged the lower of the part-time or full-time rate based on your child's attendance each week! Statements are sent via FACTS on a monthly basis to the Primary Contact on the Registration Form.

BISHOP LEIBOLD SCHOOL

Registration Form Before and After School Programs 2019-20

Please provide the information requested below and return this form to the school office with the registration fee.

PROGRAM INFORMATION: Which programs do you expect to use? (For planning purposes only)

MORNING (before school) PROGRAM

☐ Full Time

☐ Part Time / Drop In

AFTER CARE (after school) PROGRAM

☐ Full Time

☐ Part Time / Drop In

☐ Part Time- west only

STUDENT INFORMATION

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

PARENT / EMERGENCY CONTACT INFORMATION: In the event of an emergency, we will attempt to contact parents (or contacts) in the order listed below.

Primary Contact : _____ Relationship: _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

Email address: (Used for Billing): _____

Contact 2: _____ Relationship: _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

Email address: _____

EMERGENCY INFORMATION

Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital Preferred: _____

Allergies or Special Medical Conditions: _____

In the event the designated preferred practitioner or dentist is not available: (check one) _____ I GIVE MY CONSENT for treatment by another licensed physician or dentist. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning medical history including allergies, current medications, and any physical impairment to which a physician should be alerted are listed above. _____ I DO NOT GIVE my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: _____

Parent/Guardian Signature

Parent/Guardian Printed Name

Signature Date

I agree that I understand that the school reserves the right to discontinue admission in the program based upon factors such as delinquent fee payments, behavior issues, etc.

Parent/Guardian Signature

Parent/Guardian Printed Name

Signature Date