

Before School Program

Before School Program Parents for Pre-Kindergarten, Kindergarten, 1st, and 2nd Grades 2019-2020 School Year.

We are pleased to offer a **Before School Program** at our school for Pre-Kindergarten, Kindergarten, 1st, and 2nd Grade, which will run from 7:15-8:15 am Monday through Friday.

The Before School Program will not be available when School is not in session. (Holidays, Snow Days, etc).

The Before School Program is staffed by Warren Prescott teachers. During this program students will engage in activities supervised by the Before School Teacher.

At 8:15 am your child will be sent to his/her Homeroom or to the Cafeteria for Breakfast.

Older siblings (3rd – 5th Grade) are allowed to register for the Before School Program along with their younger sibling(s).

THIS PROGRAM IS ON A FIRST COME, FIRST SERVE BASIS.

The Fee is \$8.00* Fee per Day for each Child in the Before School Program. – this Fee includes a contribution to the Warren-Prescott Foundation, 501(c)(3) nonprofit organization. 100% of the contribution is used to support Warren-Prescott School programs

Half Price Fee is \$4.00/day * if you Qualify for BPS Reduction under free or reduced lunch guidelines, pending approval.

* Subject to change

You will receive a request for payment approximately 1 month prior to each session.
Accepted Payments: Cash, Check, Money Order (made payable to "Warren-Prescott Foundation")

There are 3 sessions and the payment schedule is arranged in the following installments:
1st Session: September-December (2 payments can be made: September & November)
2nd Session: January-March (1 payment)
3rd Session: April-June (1 payment)

There are ***no refunds*** of monies paid into the program, as funding is based on expected enrollment.

If you would like to sign up for the Before School Program, please fill in the following 2 Page Before School Registration Form and return to Lindy Williamson via email, lindywilliamson@comcast.net, or drop it off in the Extended Day Box, which is located outside the Main Office.

Once your Registration Form is received a Registration Confirmation / Payment Information Email will be sent to you.

Before School Program

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Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

COST: \$8.00/Day* per Child * Subject to change

Circle Yes or No:

| | | |
|-----------|-----|----|
| Monday | Yes | No |
| Tuesday | Yes | No |
| Wednesday | Yes | No |
| Thursday | Yes | No |
| Friday | Yes | No |

At 8:15 AM please dismiss my child (children) to:

| | | |
|-------------------------|-----|----|
| Homeroom | Yes | No |
| Cafeteria for Breakfast | Yes | No |

Special Payment Requirements are requested based on BPS "free lunch"?

Yes No

**Copy of letter from BPS indicating qualification to be provided
COST: \$4.00/Day per Child*

CONTACT INFORMATION

Mother/Guardian:

Father/Guardian:

Address: _____

Address: _____

E-mail _____

E-mail _____

Home Phone ____ - ____ - _____

Home Phone ____ - ____ - _____

Cell Phone ____ - ____ - _____

Cell Phone ____ - ____ - _____

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Nanny/Babysitter _____ phone # _____ - _____ - _____

Emergency Contact _____ phone # _____ - _____ - _____

The best contact person and phone # to be used between 7:15-8:15 AM::
_____, at _____ - _____ - _____.

Siblings _____

| name | grade | teacher |
|-------|-------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The following persons are authorized to pick up my child from the before school program.

| | | | | | |
|-------|------|-----------------------|-------|------|-----------------------|
| _____ | name | relationship to child | _____ | name | relationship to child |
| _____ | name | relationship to child | _____ | name | relationship to child |
| _____ | name | relationship to child | _____ | name | relationship to child |

Medical Information

Allergies _____

Medications _____

Medical Conditions _____

We do not have a nurse available before regular school hours.

- I understand that if a serious medical emergency occurs before regular school hours, our staff will use the contact information provided to contact you and 911 will be called to provide medical assistance.
- I have read the Policy Manual and agree with the terms

_____ Parent / Guardian Signature

_____ Date