

Princeton Charter School

After School Program

Dear Parents/Guardians:

We are pleased to offer the After School Program again this year as a service to the PCS community. The enrollment forms necessary to participate are attached. Please take note of the updated information for this year. **If you will be using the program during the first week of school, completed forms must be submitted on or before the first day of school, September 6th, 2016.**

Fee Schedule (Note: fees have increased for 2015-16):

Weekly attendance	Monthly payment
1 day	\$125
2 days	\$190
3 days	\$225
4 days	\$260
5 days	\$280

For your convenience, should an unexpected circumstance arise, the program will also offer a one day “drop in” fee at the cost of \$25 per day. Please notify the K-4 Office (ext. 2400) by 2:00 PM on the day your child will be a “drop-in.”

Payment:

You will receive a statement each month from the Business Office. Payment is due within 10 days of receiving the statement. Checks can be mailed, or dropped off at the K-4 or 5-8 office. Failure to keep your account paid in full may result in a loss of service.

Pick up:

ALL STUDENTS MUST BE PICKED UP BY 6:00 PM SHARP. A penalty of \$10 for the first 5 minutes (or any part thereof) and \$5 for every 5 minutes thereafter (or any part thereof) will be charged for students who are not picked up by 6:00 PM. Frequent late pick-ups will result in a warning from the ASP staff. Continued late pick-up may result in a loss of service.

Sign In/Sign Out:

All participating students check in with the After School Program Coordinator in the Charterette Room, located on the first floor of the K-4 building. Parents must notify the Program Coordinator of any change in pick up with written permission, for example, if someone not on the pick up list is picking up your child. Students may be picked up at any time by a parent or designated adult. Students in grades 6-8 may sign themselves out after 5:30 PM if we have written permission. Students may not leave the school campus and then return to campus to attend the After School Program.

Schedule:

The following schedule has been designed to allow your child time to relax after the school day, have a healthy snack, and work on homework assignments.

3:15 – 4:15 PM Social and Snack Time

4:15 – 5:15 PM Homework Time

5:15 – 6:00 PM Activity and Game Time

Please note that, while we try our best, not all homework assignments may be completed. We are proud to offer program tutors that have college degrees and, in some cases, may even have their teaching certification.

Conduct Expectations:

Students are expected to behave in a manner consistent with the rules in the Princeton Charter School Handbook, which can be found on the school website. Positive reinforcement is the main form of discipline aside from the guidelines; however, time-outs will also be used as needed. Continued disruptive behavior will result in parental notification. While every effort will be made to correct any problems, in extreme cases the K-4 Division Head or the Head of School reserve the right to request that a child be removed from the program.

Inclement Weather:

Should school be dismissed early, the After School Program will be cancelled. You will be notified via your preferred contact method (which you can choose below). Please have a contingency plan in place should you not be able to pick up your child at short notice.

Calendar:

The After School Program operates on days when Princeton Charter School is in session. There will be no program on school holidays. Please be sure to check the school calendar (found on the school website) to verify which half days the program is open. Note that there will be an early close (4:30 PM) on the following Fridays. September 9th and June 9th

Princeton Charter School
After School Enrollment Form
2016 – 2017

Student Name: _____ Grade: _____

Parent/Guardian #1

Name: _____ Phone: _____

Email(s): _____ Relation to Student: _____

Preferred Method of Contact: (please circle one) call text email

Parent/Guardian #2

Name: _____ Phone: _____

Email(s): _____ Relation to Student: _____

Preferred Method of Contact: (please circle one) call text email

ATTENDING DAYS: (please *circle* the days your child will be attending)

Monday Tuesday Wednesday Thursday Friday

Occasionally (less than twice per month)

In Case of Emergency

PICK UP INFORMATION:

The following individuals have permission to pick up my child from the PCS After School program (other than guardians listed above). **Please note: In order to be enrolled in the program, all families must provide at least 2 emergency contacts in the event both guardians are unable to be reached.** You may attach another sheet if needed.

Name: Phone: Relation to Student:

1. _____

2. _____

3. _____

I understand that I must notify the school office by 2:00 PM of any change in plans for that day. In addition, I understand that if I do not pick up my child by 6:00PM, I will be charged a penalty of \$10 for the first 5 minutes (or any part thereof) and \$5 for every 5 minutes thereafter (or any part thereof). I understand that chronic late pick-up may result in the removal of my child from the program.

I acknowledge that it is my responsibility to check the school calendar regarding program availability on half days and to make note of early closings on Fridays as listed.

Parent Signature: _____ Date: _____

FOR PARENTS WITH STUDENTS IN 6TH, 7TH OR 8TH GRADE:

Students in grades 6,7, and 8 have the option to sign themselves out and walk home after 5:30 p.m. when participating in the After School Program. To keep your children safe, we need this page of the form on file *even if you do not give permission for your child to sign themselves out.*

Please complete the appropriate section according to your decision about your child's dismissal procedure and turn in as part of the enrollment form for this school year.

If we do not have this page on file, your child will be kept at PCS until an adult on the approved contact list is available to pick up your child.

My child, _____, who will be in the _____ grade for the school year 2016-2017, **DOES** have permission to sign themselves out and walk home after 5:30 p.m.

Parent Signature: _____ Date: _____

My child, _____, who will be in the _____ grade for the school year 2016-2017, **DOES NOT** have permission to sign themselves out and walk home after 5:30 p.m.

Parent Signature: _____ Date: _____

MEDICAL INFORMATION

STUDENT NAME: _____ GRADE: _____

Known allergies (please list): _____

The After School Program staff cannot dispense medication. Should your child require medication, please make arrangements for it to be administered during regular school hours.

Is there any special health information we should know about your child? _____

Family Doctor: _____ Phone: _____

Emergency Contact Information

Please note: all families must provide at least 2 emergency contacts in the event both parents are unable to be reached to be enrolled in the program. While we do have your emergency contacts in PowerSchool, please repeat them here so the After-School staff can have immediate access in the case of an emergency situation. You may add additional contacts as necessary for the afternoon period from 3-6 p.m. If these people are the same as the previous page, please write that on the first line.

	Name:	Phone:	Relation to Student:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

EMERGENCY MEDICAL RELEASE

In case of emergency, I understand that every effort will be made to contact the parent(s)/guardian(s) of the child. In the event that I cannot be reached, I hereby authorize emergency medical care for my child during attendance of the Princeton Charter School After School Program if, in the judgement of the staff, treatment is required for an injury or illness. I hereby give permission to the physician selected by the After School Program Coordinator to hospitalize and secure the proper treatment for my child, and I also authorize the administering of anesthesia and surgery, as well as recourse to other procedures as deemed necessary by the attending physician. I understand that I am financially responsible for any expense for medical care or transportation incurred on my child's behalf. I hereby release the Princeton Charter School and its employees from any responsibilities for injuries incurred during my child's participation in the After School Program.

Parent Signature

Parent Name (Print)

Date