

## MEDICAL RESTRICTIONS OR ALLERGIES

Please list any medical conditions, restrictions or allergies for each child attending the Eagle's Nest program:

\_\_\_\_\_  
(Name) (Condition/restriction)

\_\_\_\_\_  
(Name) (Condition/restriction)

\_\_\_\_\_  
(Name) (Condition/restriction)

## AUTHORIZED FOR SIGN OUT

Names of individuals, other than parents, that are authorized to sign out your child(ren) from the Eagle's Nest program. These individuals may be required to show proof of identification before your child(ren) is(are) released.

\_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Name) (Relationship)

**I have read the Policies and Procedures pamphlet for the "Eagle's Nest" program and agree to the conditions stated therein.**

**Parent's signature acknowledges acceptance of the conditions stated in the "Policies and Procedures" pamphlet.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## PROGRAM FEES

**Registration Fee** - A one time registration fee of \$35.00 per child must be included with the registration form. This fee is non-refundable.

**Weekly Tuition** - Fees are due each Monday. If an account has not been paid by Wednesday, a late charge of \$5.00 will be applied to the account. Accounts must be kept current in order for your child(ren) to attend. Accounts that are two weeks delinquent will result in dismissal from the program. Full tuition is due weekly. The only exception will be an extended illness of 1 week or more that requires an excuse from a doctor. Holidays are already factored into the tuition; therefore, there will be no discounted weeks, with the exception of Thanksgiving week.

No. of Children	Full Time Tuition per child
1	\$50.00
2	\$45.00
3	\$40.00

**Full Time Tuition** - Full tuition is the cost per child for students that participate in the Eagle's Nest program from 2:30 until 6:00 p.m. every day.

**Late Fee** - Parents that do not pick up their children by 6:00 p.m, will be charged a late fee of \$1.00 per minute for each minute after 6:00. Children that are picked up late on more than three occasions may be dismissed from the program.

**Returned Checks** - Checks returned for insufficient funds will be handled in accordance with Richland School District Two guidelines. The account will be assessed \$25.00 fee. In the event of a second returned check, payment for tuition will have to be made in cash or certified check, cashier's check or money order. Personal checks will not be accepted.

# The Eagle's Nest



## SPMS AFTER-SCHOOL PROGRAM

## POLICIES & PROCEDURES

**Director:** Mrs. Renee Thompson 699-3580 x 3428

### PROGRAM DESCRIPTION

The after school program at Summit Parkway Middle, Eagle's Nest, is a program which encourages the social, academic, and physical development of the student. Our daily schedule provides time for a snack, sustained silent reading, homework help, and physical activities. Please be aware that certain weather conditions could prevent outdoor activities.

### HOURS OF OPERATION

The Eagle's Nest Program begins after dismissal, at 2:30 p.m. and ends 6:00 p.m. Students must be picked up no later than 6:00 p.m.

The program will not operate on half days, teacher workdays, holidays, or on days that school is dismissed early due to inclement weather.

### ARRIVAL AND DISMISSAL PROCEDURES

The students will be dismissed from their classes and report directly to the cafeteria for attendance and snacks. Students that participate in other after-school activities will be dismissed by the faculty or staff member and report directly to the cafeteria.

Afternoon pick-up will be located in the cafeteria. For safety reasons, we ask that parents not send siblings in to pick-up students. We would like the opportunity to greet each parent and we require parents to sign-out their child(ren) for our record-keeping. Only adults from the approved list on the registration form will be allowed to pick-up a student. If someone other than the parent(s) come to pick-up a child, a director or his/her representative will check your registration form. If the name is not listed, we will not release the child until we can contact you for your approval. If you call ahead to authorize pick-up by someone not on your list, be prepared to give a director specific information regarding your child.  
Phone: 699-3580 Ext. 3413

### SNACKS

A variety of nutritious snacks and beverages will be provided for students each day.

### BEHAVIOR

Proper behavior is expected and school discipline policies will be enforced at all times. A discipline notice will be sent home to parents if a child behaves inappropriately. Continued inappropriate behavior may result in your child being dismissed from the program.

Severe infractions will result in the immediate dismissal of your child from the program.

### HEALTH AND MEDICAL ISSUES

In the case of injury or an emergency health problem, we will contact the parent(s) immediately. If the parent(s) can not be reached, we will contact the child's physician and/or EMS. Until the arrival of the parent, the physician, EMS, or the Director will be in charge and make medical decisions for the child. We will maintain a signed parent consent form.

### INSURANCE

Students who are not covered under their parents' insurance plan should obtain school insurance. According to the Standard Life and Casualty Insurance Company, your child is covered while attending after school programs.

Provider: \_\_\_\_\_

Policy # \_\_\_\_\_

### WITHDRAWAL FROM THE PROGRAM

Should circumstances change and you wish to withdraw your child(ren) from the Eagle's Nest program, please notify the Director, in writing, as soon as possible. Any fees owed must be paid in full at this time. Re-entry to the program will depend on available space. Payment of a second registration fee would not be required under these circumstances.

### QUESTIONS / CONCERNS

Any questions or concerns about the Eagle's Nest Program should be directed the program director.

# Eagle's Nest REGISTRATION FORM

### CHILD(REN):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### HOME ADDRESS

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Home Phone No.)

### PARENT/GUARDIAN(S)

Mother

\_\_\_\_\_  
(Work Phone No.) (Cell Phone No.)

Father

\_\_\_\_\_  
(Work Phone No.) (Cell Phone No.)

### EMERGENCY CONTACT

In the event of sickness or emergency, and the parents can not be reached, the following person should be contacted:

\_\_\_\_\_  
(Name) (Phone No.)

\_\_\_\_\_  
(Relationship)  
Physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_