

**One Room School House
VPK Wrap-Around Care
2018-2019**

- The VPK Wrap-Around Program is open from the end of the VPK school day at 11:45 a.m. Part time wrap around care is 11:45 a.m. -2:30 p.m. Full time wrap around care is from 11:45 a.m. until 6:00 p.m.
- Fees for the Program are to be paid in advance. Payment must be received by Friday of the week prior to your child attending.
- A ten percent discount will be given if you prepay for 4 weeks.
- A one-time \$25.00 activity fee **per child** will be collected before your child enters the program. This fee is due at Sign Up along with the 1st week's payment.
- You may pay by cash, check or money order. If your check is returned, you will be charged a \$35.00 return fee, plus the amount of the check. You will have to pay cash thereafter.
- Your child will be removed from the program if they do not follow rules or if their account is not paid in full. Your child will only be let back into the program if there is space available.
- Wrap-Around Care enrollment will be capped based on governmental regulations and facility availability.

FEE SCHEDULE

FULL TIME RATE 11:45 A.M.-6:00 P.M.

**\$80/PER WEEK
\$288/4 wk discount**

PART TIME RATE 11:45 A.M.-2:30 P.M.

**\$50/PER WEEK
\$180/4 wk discount**

ONLY STUDENTS WHO HAVE PREPAID ARE ENROLLED IN WRAP-AROUND CARE. ONLY STUDENTS WHO ARE PREPAID AND ENROLLED IN WRAP-AROUND CARE ARE ALLOWED IN THE BUILDING AFTER 11:45 A.M. AT 11:50 STUDENTS WHO ARE NOT ENROLLED IN THE WRAP-AROUND PROGRAM WILL BE CHARGED A \$15 LATE PICK UP, AND THIS FEE MUST BE PAID BEFORE THE CHILD CAN RETURN TO THE VPK PROGRAM.

Our Day is over at 6:00 PM. A late fee of \$15.00 will be charged and due immediately between 6:01 and 6:10. An additional \$1.00 per minute will be charged thereafter. If we have not heard from you by 7:00 PM, the police will be contacted and your child will be removed from the program. Emergencies do arise and traffic can be a problem sometimes, please call ahead and let us know.

I agree to the terms stated in this application. I wish for my child to be enrolled in the after school programs under the terms and conditions stated herein. My signature below and payment of fees constitute my acceptance of the program terms.

Parent Signature

Date

Student Name _____

Teacher _____

STUDENT: LAST

STUDENT: FIRST

Only those listed on this form will be allowed to pick up your child

VPK WRAP-AROUND Pickup Information

Please list in order of who you would like called.

Name _____ **Relation** _____ **Cell** _____

Home Phone _____ **Work** _____

Name _____ **Relation** _____ **Cell** _____

Home Phone _____ **Work** _____

Name _____ **Relation** _____ **Cell** _____

Home Phone _____ **Work** _____

Name _____ **Relation** _____ **Cell** _____

Home Phone _____ **Work** _____

Name _____ **Relation** _____ **Cell** _____

Home Phone _____ **Work** _____

Name _____ **Relation** _____ **Cell** _____

Home Phone _____ **Work** _____

Name _____ **Relation** _____ **Cell** _____

Allergies: _____

Medical Conditions: _____

Additional Comments: _____

Parent/Guardian Signature

Date