



## Cloud Springs Elementary Afterschool Program ( ASP)

### ARRIVAL

The Afterschool program begins at 2:35 each school day. Students attending the program will be taken to the school cafeteria or gym and checked in on the ASP roster. From that point, until they are checked out by their parent or designated adult, they are under the supervision of the ASP staff.

### CHECK OUT

When you arrive to pick-up your child, come into the school cafeteria and sign out your child. You cannot pick up your child at any other location in the school (such as the playground or gym.) If you do not sign out your child on the designated sign out sheet, you will be charged a full day price of \$15.75.

### FEES and PAYMENTS

There is an annual enrollment fee of \$5.00 per child at the time of registration. A registration form MUST be filled out for each child enrolled and returned to Mrs. Parker prior to your child's first stay in Afterschool. The cost is \$4.50 per hour for the first child. If you have more than one child enrolled, you pay a cost of \$2.00 per hour for any child after the first. After the first hour, you are charged in increments of the half hour (\$4.50 per hour will be \$2.25 per half hour and \$2.00 per hour will be \$1.00 per half hour.) Statements are given out every Monday for the hours your child stayed the previous week. You have until Wednesday to have the balance paid in full from the previous week. If the outstanding balance has not been paid by Wednesday, your child cannot return to Afterschool until the balance has been paid. ALL ASP STUDENTS MUST BE PICKED UP BY 6:00 p.m. THERE IS A LATE FEE OF \$2.00 PER CHILD FOR EVERY MINUTE AFTER 6:00P.M.

### ASP ENROLLMENT FORM

THE ASP ENROLLMENT FORM IS VERY IMPORTANT! It contains all the emergency information the school will need if we need to contact someone for your child. The emergency phone numbers and contact, medical information, and persons permitted to pick up your child must be kept up to date. If changes in this information occur please keep the school informed.

### INCLEMENT WEATHER

In the event that school is dismissed early due to inclement weather, **AFTERSCHOOL IS CANCELLED.** Make sure you are signed up to the CCPS Schoolcast so that you will be notified.

Date \_\_\_\_\_

New Enrollment \_\_\_\_\_

Previously Enrolled \_\_\_\_\_

Registration Pd. \_\_\_\_\_

Track Enrollment \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Employee \_\_\_\_\_

Sibling Rate \_\_\_\_\_

### CLOUD SPRINGS ELEMENTARY SCHOOL AFTERSCHOOL PROGRAM ENROLLMENT FORM

Child's Name \_\_\_\_\_ SS# \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Teacher \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contacts, if the parents cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Persons permitted to pick up my child from ASP other than parents(list ALL possibilities):

Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special information about my child(allergies, diet, medical info, etc.) \_\_\_\_\_

\_\_\_\_\_

**Read and Sign:** By signing this enrollment form, I understand and agree to the POLICIES and PAYMENT REQUIREMENTS necessary to participate in the Cloud Springs Afterschool Program. I understand that a \$5.00 registration fee is payable upon enrollment. I understand that after 6:00 pm, a \$2.00 per minute late fee will be assessed per child. I understand that invoices go out weekly on Mondays and I have until Wednesday of that week to pay the balance in full or my child cannot return to the Afterschool Program until the balance is paid in full. In the event of an emergency involving my child, I give permission for Cloud Springs Afterschool staff to seek immediate medical attention for my child.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Email Address \_\_\_\_\_

Catoosa County Public Schools  
Request for Enrollment in After School Program

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

The After School Program is a voluntary, self-sustaining program that provides care for students during after school hours. The safe and caring environment is intended to meet the needs of students who would otherwise be home alone after school. Although it is not a basic element of the general education program, it provides an opportunity for students to engage in after school activities.

Due to the fact that no particular supervision would necessarily be provided by certificated personnel, this program may not be appropriate for all students.

I agree to be responsible for all costs associated with the individualized needs of my child during their participation in the After School Program

As parent/guardian, I understand the purpose of the After School Program and understand that at times it may not be appropriate for my child to attend and agree to remove him/her from the program at that time.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_