

# GOTSCH INTERMEDIATE SCHOOL

## BEFORE- AND AFTER-SCHOOL CARE PROGRAM

2019-2020 SCHOOL YEAR

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_ M \_\_\_\_ F \_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Grade \_\_\_\_\_ Does student have an IEP? yes \_\_\_\_ no \_\_\_\_

Primary Party \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Secondary Party \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Start Date \_\_\_\_\_

Parents are:                       married                       divorced  
    separated                       never married

Placement is not guaranteed and is based upon availability

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PROGRAM (Please check program needed)	Days per week	Monthly Fees				
		1	2	3	4	5
BEFORE CARE _____	6:30 to 8:30	\$76	\$97	\$118	\$140	\$161
AFTER CARE _____	3:15 – 6:00	\$108	\$129	\$150	\$172	\$193
BEFORE AND AFTER CARE _____		\$172	\$204	\$235	\$268	\$300

Days attending (*please circle*):      M      T      W      TH      F

**MONTHLY FEES:** (Multiple Children Discount: First child is full-price, each subsequent child (same family) 15% discount.

**THE FEE FOR AUGUST 2019 IS REDUCED BY 50%. Service begins on the first day of school.**

Monthly fees are due a month in advance. **Please write your child(ren)'s name(s) on the check.** Make checks **payable to Affton School District.** Checks must be mailed or delivered to: **Melissa Eckhard**, Affton School District, 8701 Mackenzie Rd, St. Louis, MO 63123

\_\_\_\_\_  
Primary Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Party Signature

\_\_\_\_\_  
Date

**Primary signature indicates that you are the party that accepts full financial responsibility.**

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ ( ) Male ( ) Female

### Child's Medical Information:

Child is Allergic  
to \_\_\_\_\_

Does your child require an EPI-PEN? ( ) Yes ( ) No

Does your child have Asthma? ( ) Yes ( ) No

Does your child require an inhaler? ( ) Yes ( ) No

Does your child require Nebulizer breathing treatments? ( ) Yes ( ) No

Special Medical Conditions or Illnesses \_\_\_\_\_

\_\_\_\_\_

Current Medications \_\_\_\_\_

\_\_\_\_\_

Does your child have health insurance? ( ) Yes ( ) No

Is your child on Medicaid? ( ) Yes ( ) No

Does your child have any **food restrictions**? ( ) Yes ( ) No If yes, please explain below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is the district's procedure to contact the child's parent/guardian to obtain necessary medical treatment in case of an emergency. In order for authorized school personnel to obtain necessary medical treatment when parents/guardians cannot be reached, we request that you grant us permission by signing this form. Please be aware that the paramedics usually transport patients to the nearest hospital for emergency medical treatment. You may be assured every effort will be made to contact you prior to securing emergency medical treatment.

I hereby authorize the emergency treatment, administration of anesthesia, and surgical treatment(s) for my minor child, \_\_\_\_\_, in the event of an emergency medical situation occurring during my absence or when hospital/medical and school authorities are unable to contact me. I release from responsibility and liability hospital/medical and school authorities for performing medical procedures deemed necessary during my absence.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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### SPECIAL DAY FIELD TRIPS PERMISSION SLIP

I give my child \_\_\_\_\_ permission to ride the bus and attend all field trips booked for Special Days at Mesnier.

I understand that this permission allows for any changes to scheduling that might occur during a trip due to traffic conditions or other variables.

This permission also allows my child to join in activities offered at the various field trip sites, including, but not limited to, special meals/snacks, or physically demanding activities such as hiking, long walks, bowling, swimming, etc.

I agree that any changes in field trip destination due to heat/rain/cold or other circumstances will be announced in writing, by phone, or in person prior to the trip. In case of field trip cancellation, no parent/guardian approval is necessary.

If my child does not wish to attend a particular trip, I will let the facilitators know in writing.

I will notify the nurse of any special medical needs that might apply to a certain trip a week prior to the trip.

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

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

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### PHOTO RELEASE FORM

Please be aware that your child may be photographed or videotaped at various Cougar Care events or activities. Please sign the form below indicating your preference:

\_\_\_\_\_ YES, I give permission for my child's photograph and/or video to be posted on the class website, Facebook, or other social media.

\_\_\_\_\_ NO, my child's photograph and/or video may not be posted on the class website, Facebook, or other social media.

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

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

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### REGISTRATION AGREEMENT

I/We hereby enroll \_\_\_\_\_ in the Affton Before and After Care Program (K-8) for the 2019-2020 school year. I/We understand that the Before/After Care services provided are subject to the following terms and conditions:

**TUITION:** Tuition is determined by the program that you select for your child. The initial full tuition payment will be due on or before July 10<sup>th</sup>, 2019, (or upon enrollment if your child is registered after this date) followed by nine additional payments for the succeeding months thereafter. Each month's tuition payment shall be due and payable on or before the 10<sup>th</sup> of the preceding month. Students for whom payment is delinquent after the first of the month will be removed from the program. See Family Handbook for payment schedule.

The discount for siblings enrolled in the Affton Before and After Care Program (K-6) is 15% for the 2<sup>nd</sup> child and each subsequent child in the same family.

There will be no discounts for missed days in the month (due to illness, school breaks, vacation, or other reasons).

**BEFORE AND AFTER CARE:** The Before and After Care Program follows the Affton School District Calendar. There will be no tuition deduction for legal holidays, school district holidays, or professional development days because they are built into the tuition. The following discounts will be applied: August – 50%, December – 25%, and March – 25%. Days that the school district is required to close due to inclement weather will be made up at the discretion of the School Board according to district policy.

**SPECIAL DAYS:** If care is needed on days when school is not in session but Before/Aftercare is available, you must preregister for the Special Day with Melissa Eckhard. There is an additional charge for this full day service.

**REGISTRATION:** A \$150.00 deposit per child is required at the time of your child's registration for the 2019-2020 school year. This deposit will be applied to August tuition. Please complete the enrollment information below and return with your check made payable to Affton School District.

#### ENROLLMENT INFORMATION:

CHILD'S NAME \_\_\_\_\_

PARENT(S) NAME \_\_\_\_\_

Email Address for Tuition Invoices and Year End Tax Statements \_\_\_\_\_

**Return this form, the completed registration packet, and the \$150.00 registration fee to:**

**AFFTON SCHOOL DISTRICT  
ATTN: MELISSA ECKHARD  
8701 Mackenzie Road  
ST. LOUIS, MO 63123**

I/We have read and understand the terms and conditions of this Agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_