



Riverbank Elementary and Congaree Elementary

2018 – 2019 AFTER SCHOOL DAY CARE PROGRAM

NOTICE to BC#1 parents: The after school program at the new school, Riverbank, will be operated by the district, not Boy's & Girls' Club.

2018 – 2019 AFTER SCHOOL DAY CARE PROGRAM REGISTRATION

- The \$10.00 registration fee MUST be paid at the time of registration. BC#1 students should make checks payable to Pineview Elementary.
- **There is a flat fee per week, every week.** If your child is absent any time during the week, the fee remains the same. Only when school is out, or a student is out due to illness for more than two days (with doctor's excuse), will the week be pro-rated.

*Kindergarten students do not pay for orientation day(s), but must pay for the remainder of the first short week of school.

- The weekly fees are expected to be paid each week, or in advance. **Payments that fall more than two weeks behind will result in removal from the program.** If you have extenuating circumstances, speak to the director. Even if you cannot pay the whole fee, pay SOMETHING so that your debt does not rise so quickly and it is less difficult to catch back up! **Any unpaid tuition will be referred to the school administrator.**

Our Parent Handbook is currently being updated/revised and will available on line this summer and at your child's school in August.



**2018 – 2019 AFTER SCHOOL DAY CARE PROGRAM
REGISTRATION**

The \$10.00 registration fee **MUST** be paid at the time of registration. A space for your child is not reserved until the registration fee is paid. **SPACE IS LIMITED, SO SIGN UP AND PAY YOUR REGISTRATION FEE AS SOON AS POSSIBLE!**

SCHOOL: _____ GRADE (2018-2019): _____

STUDENT'S NAME: _____

Please mark with * the number you wish to be called **first in case of an emergency or early dismissal!**

	Mother	Father
Name		
Employment		
Phone	Work Cell	Work Cell
Email		
Home/Mailing Address		

DO YOU HAVE ANOTHER CHILD THAT ATTENDS ANOTHER EDC PROGRAM IN LEXINGTON SCHOOL DISTRICT TWO (Congaree, Riverbank, Northside)?

___ YES ___ NO SCHOOL: _____ CHILD'S NAME: _____

OTHER PERSONS AUTHORIZED FOR PICK-UP

Name	Relationship	Phone #

Student allergy/other medical concerns: _____

Staff Use

Weekly Rate Applied: 1 Child - \$45.00 _____; 2 children same school _____ \$70.00;
2 children different schools \$35.00 _____; 3 children same school, \$75.00 _____;
3 children, 2 at this school _____ \$50.00; 3 children, 1 at this school _____ \$25.00;
4 children, \$80.00 _____; Other _____ \$ _____

REG. FEE PAID : YES/ NO Date: _____ CA/CK/MO# _____ Rec't # _____