

**SPENCER COUNTY BOARD OF EDUCATION  
2009/2010  
BEAR CARE ENRICHMENT PROGRAM**

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**REGISTRATION AND AGREEMENT FOR THE BEAR CARE ENRICHMENT Programs**

**General Information**

NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_

NAME OF PARENTS/GUARDIANS \_\_\_\_\_

ADDRESS WHERE CHILD RESIDES \_\_\_\_\_

PHONE NUMBER (S) WHERE PARENTS CAN BE REACHED IN THE EVENT OF AN EMERGENCY:  
\_\_\_\_\_

**Name, relationship & phone number(s) of three (3) person(s) other than parents to whom the child may be released:**

Name	Relationship to Student	Phone Number

**My child will be attending The Youth Enrichment Program: Initial beside the fees associated with your choice.**

<b>AM K-5</b> _____ Circle days: Monday Tuesday Wednesday Thursday Friday \$45.00 initial _____
<b>PM K-5</b> _____ Circle days: Monday Tuesday Wednesday Thursday Friday \$45.00 initial _____
<b>AM/PM K-5</b> M-F _____ Circle days: Monday Tuesday Wednesday Thursday Friday \$80.00 Initial _____
<b>Breaks K-5</b> M-F \$90.00 Initial _____ OR \$25.00 daily (Must have exact days circled) Initial _____ Circle days: Monday Tuesday Wednesday Thursday Friday
<b>* There is a \$20.00 registration fee and there are enrichment fees in the summer program of \$50 per child per month. Initial _____</b>
<b>Preschool Care</b> > M-F 6am -6pm \$90.00 Initial _____ OR \$25.00 per day (Must have exact days circled) Initial _____ Circle days: Monday Tuesday Wednesday Thursday Friday
<b>Preschool care continued</b> ... Initial beside the fees associated with your choice: Wrap around preschool session \$84.00 initial _____; M- Th AM only \$53.00 Initial _____ or M-Th pm only \$53.00 Initial _____; M-Th AM and Full day Friday \$70.00 Initial _____ or M-Th pm and Full day Friday \$70.00 Initial _____

CHILD CARE / STUDENTS RATIO and Exclusions

The Youth Enrichment Program is designed for grades Preschool to grade-5. K-5 has one staff to 14 children. This means that the enrolled student will be in a setting under the supervision of one (1) childcare worker and 14 other students.

Preschool ages 3-4 with a 1:12 ratio and ages 4-5 with 1:14 ratios. **We do not accept children who are not potty-trained.** Initial \_\_\_\_\_

**CANCELLATION DUE TO INCLEMENT WEATHER**

Parents/guardians are responsible for payment of regular fees unless the Youth Enrichment Program is closed on 2 or more consecutive days of the week for inclement weather. \_\_\_\_\_ **initial**

Which school are you child/children assigned to for the 09/10 school year? Please check the appropriate selection.

Taylorsville Elem. \_\_\_\_\_ Spencer Co. Elem. \_\_\_\_\_ Spencer Co. Preschool \_\_\_\_\_

**HOLIDAY CLOSINGS 2009/2010**

July 3, 2009                      September 7                      November 26 & 27                      December 24, 25                      Dec.31  
January 1 & 18                      Feb. 16                      May 25                      July 5, 2010

\* **Holidays are included in weekly fees** \_\_\_\_\_ **initial**

**FAMILY VACATIONS**

A parent /guardian may be exempt for two weeks of childcare services / fees each school year with a written notice given two weeks in advance for fall, winter, spring or summer breaks. These must be taken in weekly increments. \_\_\_\_\_ **Initial**

**\*\* To be released from responsibility for payment for any one or more of the above weeks, the child may not attend any days in that week. Parents must advise the Program Director in writing that the child will not attend at least two weeks in advance. Director will then decide if it is approved.**

**TERMINATION of SERVICES**

Parents must provide a written two- week notice to the Director before removing the child permanently from the program. If a parent does not provide a two-week notice, they will be charged their regular rate for the two weeks, whether they attend or not. \_\_\_\_\_ **initial**

**2009/2010 FEES**

I UNDERSTAND THAT THE FOLLOWING FEES ARE APPLICABLE TO MY CHILD'S PARTICIPATION IN THE ENRICHMENT PROGRAM. I FURTHER UNDERSTAND THAT FAILURE TO PAY FEES ON TIME MAY RESULT IN IMMEDIATE TERMINATION OF THIS AGREEMENT BY THE EXTENDED SCHOOL PROGRAM. **THE FEES ARE DUE AND PAYABLE EVEN IF YOU'RE CHILD MISSES DUE TO ILLNESS, DEATH IN THE FAMILY OR OTHER REASONS BECAUSE THE PROGRAM IS STAFFED BASED ON THE NUMBER OF CHILDREN EXPECTED TO ATTEND.** \_\_\_\_\_ **initial**

**REGISTRATION FEE:**

\$20.00 per child payable when the child starts the program So long as your child remains current, i.e. participates each school year or each summer, no new fee will be assessed other than summer enrichment fees.

In the event of one or more snow days, we will charge but not exceed the full-day/full-weekly cap rate of \$90.00.

**\*Summer Enrichment Fees:** Each summer each child must pay an enrichment fee of \$100.00 for his or her participation of in the school's summer Youth Enrichment Program activities to cover activities, field-trips and other incidental expenses. The first month's fee of \$50.00 for the Summer Enrichment will be due at the time of summer registration and the second fee of \$50.00 will be due by July 1, 2009 for the program. This fee is mandatory in order to attend the Youth Enrichment Program.

\_\_\_\_\_ **initial**

**LATE FEES**

I understand that I will be assessed \$3.00 for every five (5) minutes I am late picking up my child from the Youth Enrichment Program. This agreement is subject to termination by the Director, and the child will not be permitted to attend the Youth Enrichment Program if the parent is repeatedly late picking up the child. I understand that if my fee for tuition is not paid by Tuesday of each week before 6:00 p.m., then I will be assessed a \$5.00 late fee for that week's tuition. Failure to pay fees on time may result in immediate termination of the agreement after the second week of non-payment and termination of childcare services. \_\_\_\_\_ **initial**

**I understand that if I miss two consecutive weeks on payments, I will be subject to collections and/or removal from the Bear Care Program.** \_\_\_\_\_ **initial**





## Emergency Information Form

Is your child allergic to medication?  Yes  No if yes please specify

\_\_\_\_\_

Is your child allergic to any foods?\*

\_\_\_\_\_

\*If your child is allergic to any foods, we **MUST** have a current doctor's note stating what they are allergic to in order to make sure that your child is not served these foods. A letter from the parent will not work.

Is your child allergic to insect bites?  YES  No

Does your child have allergies?  YES  NO

Does your child have a history of: Heart Disease \_\_\_\_\_, diabetes \_\_\_\_\_, T.B. \_\_\_\_\_, nervous disorder \_\_\_\_\_, epilepsy \_\_\_\_\_, ear infection \_\_\_\_\_, seizure \_\_\_\_\_, asthma \_\_\_\_\_, other \_\_\_\_\_?

If so please check and describe any special emergency treatment that may be required: \_\_\_\_\_

\_\_\_\_\_

Please list any other conditions that might require emergency medical treatment: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

### TO BE COMPLETED IF STUDENT IS TRANSPORTED

Date of transportation \_\_\_\_\_ Time of transportation \_\_\_\_\_

Destination \_\_\_\_\_ Arrival Time \_\_\_\_\_

Means of Transportation (Check appropriate box)

EMS Vehicle  Board Owned Vehicle  
 Private Vehicle

If board owned vehicle or private vehicle, list name of driver \_\_\_\_\_

Driver is the/ a (check appropriate box)

Parent/Guardian  Relative  School Admin  Teacher  
 Other board member

