

# Ricardo After School Program Admission Information

## Authorization For Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for:

Name of DayCare Facility Owner or Director

**Ricardo ISD After School Care Program**

To take my child (or children):

Name of Doctor:	Telephone:
Address of Doctor:	

Or to / or a:

Name of Hospital or Clinic:	Telephone:
Address of Hospital or Clinic:	

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for a long-term use, and any other information which caregiver's should be aware of:


I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.

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Student's Name	Grade	Teacher	Date of Birth

Mother/Guardian's Name: _____	D/L # _____	Father's/Guardian's Name: _____	D/L # _____
Mother's Address: _____		Father's Address: _____	

Mother's Cell Phone #: _____	Mother's Work : _____	Father's Cell #: _____	Father's Work: _____
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Give the name, address, and phone number of the persons to call in case of an emergency if parents cannot be reached.

Name/Relation: _____	Address: _____	Phone Number: _____
Name/Relation: _____	Address: _____	Phone number: _____

I hereby authorize the child care operation to allow my child to leave the childcare operation ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name: _____	Relation: _____	Phone Number: _____
Name: _____	Relation: _____	Phone Number: _____
Name: _____	Relation: _____	Phone Number: _____
Name: _____	Relation: _____	Phone Number: _____

Check all that applies:

- His/Her Immunization record is on file at the school and all required immunizations and /or tuberculosis test are current. Vision and hearing screening records are also on file.
- My child has permission to be released to the care of his/her siblings under 18 years old.

Name of sibling(s): _____	

Receipt of written Operational Policies. I acknowledge receipt of the facility's policies including those for discipline and guidance.

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RULES AND GUIDELINES**

**STUDENTS EXPECTATIONS:**

1. Students will conduct themselves appropriately and follow the district's Student Handbook at all times.
2. Students will not disturb others during quiet/homework time.
3. Students will be responsible for his/her belongings. **NO ELECTRONIC DEVICES, games, toys, etc. are allowed.**
4. Students will be responsible for keeping their work areas clean.
5. Students will NOT RUN in the cafeteria.
6. Students will NOT leave the cafeteria until they are signed out by an adult.

**CONSEQUENCES:**

**First Offense**.....Verbal Warning

**Second Offense**.....Time Out

**Third Offense**.....Parent notification

**Fourth Offense**.....Student may be removed from the program for a time determined by the director, depending on the information. Fees paid for the duration of the removal will **NOT** be reimbursed.

ANY SERIOUS INFRACTION MAY BE CAUSE FOR REMOVAL FROM THE PROGRAM. FEES PAID WILL NOT BE REIMBURSED.

Please sign and return this form.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ASP Personnel's Signature

\_\_\_\_\_  
Date

# Ricardo After School Program Admission Information

## AFTER SCHOOL CARE

### MONTHLY RATES

- August Rates will be at \$65.00 or daily rate of \$10.00 per child per day.
- These rates will apply in September, October, November, January, February, April, and May.  
Regular Rates:
  - 1 CHILD.....\$90.00
  - 2 CHILDREN.....\$150.00
  - 3 CHILDREN.....\$180.00
  - 4 CHILDREN.....\$210.00
- The following rates will apply in December and March:
  - 1 CHILD.....\$65.00
  - 2 CHILDREN.....\$130.00
  - 3 CHILDREN.....\$160.00
  - 4 CHILDREN.....\$190.00
- Students not attending the After School Program for the full month will be charged the lesser of the fees for regular rates or the \$10.00 daily rate per day in attendance.
- WALK-INS.....\$10.00 per day
- LATE PICK UP .....\$2.00 for each minute after 6:00. This fee must be paid at time of pickup.\*
- PAYMENTS ARE DUE ON THE FIRST DAY OF EACH MONTH AND NO LATER THAN THE 5<sup>TH</sup> OF EACH MONTH.

**\*If payment is not received by the 5<sup>th</sup> of the month, a late fee of \$25 will be charged in addition to the regular monthly fee. An option not to pay the \$25 late fee is to pay \$7.00 each day your child attends for the rest of the month.\***

After School Program hours are from 3:20 P.M. to 6:00 P.M. on regular school days of the adopted school calendar and from 12:30 to 4:00 on early release days at a rate of \$12.00 per child.

- Children will report to the cafeteria after school and be given approximately 20 minutes to relax and unwind. Snacks will be available for students to purchase.
- After snacks, students will have quiet time so children may work on homework. Students are urged to bring a library book to read after school work has been completed. Someone will be available to assist your child if help is needed on homework.
- After quiet time, students will be allowed to play games, work on activities, or watch a movie.

**\*WILL BE ENFORCED**