Princeton Charter School

After School Program

Dear Parents/Guardians:

We are pleased to offer the After School Program again this year as a service to the PCS community. The enrollment forms necessary to participate are attached. Please take note of the updated information for this year. If you will be using the program during the first week of school, completed forms must be submitted on or before the first day of school, September 6th, 2016.

Fee Schedule (Note: fees have increased for 2015-16):

Weekly attendance	Monthly payment		
1 day	\$125		
2 days	\$190		
3 days	\$225		
4 days	\$260		
5 days	\$280		

For your convenience, should an unexpected circumstance arise, the program will also offer a one day drop in at the cost of \$25 per day. Please notify the K-4 Office (ext. 2400) by 2:00 PM on the day your child will be a "drop-in."

Payment:

You will receive a statement each month from the Business Office. Payment is due within 10 days of receiving the invoice. Checks can be mailed, or dropped off at the K-4 or 5-8 office. Failure to keep your account paid in full may result in a probationary period or loss of service.

Pick up:

ALL STUDENTS MUST BE PICKED UP BY 6:00 PM SHARP. A penalty of \$10 for the first 5 minutes (or any part thereof) and \$5 for every 5 minutes thereafter (or any part thereof) will be charged for students who are not picked up by 6:00 PM. Frequent late pick-ups will result in a warning from the ASP staff. Continued late pick-up may result in a probationary period or loss of service.

Sign In/Sign Out:

All participating students check in with the After School Program Coordinator in the Charterette Room, located on the first floor of the K-4 building. Parents must notify the Program Coordinator of any change in pick up with written permission, for example, if someone not on the pick up list is picking up your child. Students may be picked up at any time by a parent or designated adult. Students in grades 6-8 may sign themselves out after 5:30 PM if we have <u>written</u> permission. Students may not leave the school campus and then return to campus to attend the After School Program.

Schedule:

The following schedule has been designed to allow your child time to relax after the school day, have a healthy snack, and work on homework assignments.

3:15 – 4:15 PM Social and Snack Time

4:15 – 5:15 PM Homework Time

5:15 – 6:00 PM Activity and Game Time

Please note that, while we try our best, not all homework assignments may be completed. We are proud to offer program tutors that have college degrees and, in some cases, may even have their teaching certification.

Conduct Expectations:

Students are expected to behave in a manner consistent with the rules in the Princeton Charter School Handbook, which can be found on the school website. Positive reinforcement is the main form of discipline aside from the guidelines; however, time-outs will also be used as needed. Continued disruptive behavior will result in parental notification. While every effort will be made to correct any problems, in extreme cases the K-4 Division Head or the Head of School reserve the right to request that a child be removed from the program.

Inclement Weather:

Should school be dismissed early, the After School Program will be cancelled. You will be notified via your preferred contact method (which you can choose below). Please have a contingency plan in place should you not be able to pick up your child at short notice.

Calendar:

The After School Program operates on days when Princeton Charter School is in session. There will be no program on school holidays. Please be sure to check the school calendar (found on the school website) to verify which half days the program is open. Note that there will be an early close (4:30 PM) on the following Fridays. September 11th, December 11th and June 10th

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Princeton Charter School

After School Enrollment Form 2016 – 2017

Student Name:	tudent Name:		Grade:			
Parent/Guardi	an #1					
Name:				Phon	e:	
Email(s):			R	elation to Stud	lent:	
Preferred Meth	od of Contact: (please	e circle one)	call	text	email	
Parent/Guardi	an #2					
Name:		Phone:				
Email(s):		Relation to Student:				
Preferred Meth	od of Contact: (please	e circle one)	call	text	email	
ATTENDING D	DAYS: (please circle th	ne days your child	will be at	tending)		
Monday	Tuesday	Wednesda	у	Thursday	Friday	
Occasion	nally (less than twice լ	per month)		In Case of E	Emergency	
-	ndividuals have permis d above). You may ind Name:	clude another she	-	ed.	fter School program (continuition to Student:	other than
4						
1						
2						
3						
understand tha minutes (or any	t if I do not pick up my	child by 6:00PM, for every 5 minute	I will be one of the least the second the least the leas	charged a pen ter (or any par	plans for that day. In a alty of \$10 for the first t thereof). I understan	5
I acknowledge that it is my responsibility to check the school calendar regarding program availability on half days and to make note of early closings on Fridays as listed.						
Parent Signature	e:			Date:		

FOR PARENTS WITH STUDENTS IN 6TH, 7TH OR 8TH GRADE:

Students in grades 6,7, and 8 have the option to sign themselves out and walk home after 5:30 p.m. when participating in the After School Program. To keep your children safe, we need this page of the form on file even if you do not give permission for your child to sign themselves out.

Please complete the appropriate section according to your decision about your child's dismissal procedure and turn in as part of the enrollment form for this school year.

If we do not have this page on file, your child will be kept at PCS until an adult on the approved contact list is available to pick up your child.

	, who will be in the grade for the school year 2016-20 lves out and walk home after 5:30 p.m.	17,	
DOES have permission to sign themse	ives out and walk nome after 5.50 p.m.		
Parent Signature:	Date:		
	, who will be in the grade for the school year 2016-20	17,	
DOES NOT have permission to sign the	emselves out and walk home after 5:30 p.m.		
Parent Signature:	Date:		

MEDICAL INFORMATION

STUDENT NAME:	DENT NAME:					
Known allergies (please list):						
_	not dispense medication. Should your ch nistered during regular school hours.	ild require medication, please				
Is there any special health information	on we should know about your child?					
	Phone:					
Emergency Contact Information	n					
unable to be reached to be enrolle PowerSchool, please repeat them he emergency situation. You may add a	evide at least 2 emergency contacts in the program. While we do have yeare so the After-School staff can have in additional contacts as necessary for the evious page, please write that on the first	rour emergency contacts in neediate access in the case of an afternoon period from 3-6 p.m. If				
Name:	Phone:	Relation to Student:				
ЕМ	ERGENCY MEDICAL RELEAS	SE				
child. In the event that I cannot be reached attendance of the Princeton Charter School required for an injury or illness. I hereby go Coordinator to hospitalize and secure the of anesthesia and surgery, as well as recephysician. I understand that I am financial incurred on my child's behalf. I hereby release	every effort will be made to contact the parented, I hereby authorize emergency medical carpol After School Program if, in the judgement give permission to the physician selected by the proper treatment for my child, and I also authourse to other procedures as deemed necessally responsible for any expense for medical calcase the Princeton Charter School and its erg my child's participation in the After School F	re for my child during of the staff, treatment is the After School Program horize the administering sary by the attending are or transportation mployees from any				
Parent Signature	Parent Name (Print)					