



Premier Education
for a Life of Purpose

EPIPHANY BEFORE & AFTER SCHOOL PROGRAM 2017-2018

316 Sarasota Street Venice, Florida 34285 Phone: Main School Office (941) 488-2215 Early Childhood Office (941) 484-8556

Days/ Hours of Operation: Monday – Friday on school days; Pre-K children 2:30-5:30PM; Grades K-5th Dismissal-5:30PM
On most early dismissal days, the program will be provided at the regularly stated rates. There may be some exceptions.

Registration: Children must be pre-registered in the After School Program to be admitted.

\$25 registration fee required per family but not applied to your account.

First prepayment: \$50 required & applied to account.

General Sample Schedule:



2:45-3:45PM - Preschoolers-Gathering, supervised indoor or outdoor play; attendance, snack

3:45-5:30PM - Preschoolers- Storytime, skills, followed by art/ music activities and learning centers

Dismissal until 3:30PM - Grades K-5th- Gathering, attendance, directions, change clothes, restroom

3:30-3:45PM - Quiet reading time (Bring a book to read everyday.)

Homework time followed by supervised indoor games, quiet activities/coloring/puzzles

3:45-4:00PM - Snack (Send a snack with your child); structured activities indoors

4:00-4:30PM - Outdoor activities

4:30-5:00PM - Arts & crafts; video if time allows or if inclement weather occurs;

5:00-5:15PM - Clean up & organize for the next day.

5:30PM...Program closes -- **All children must be picked up by 5:30PM**



Rates: Daily Rates

BEFORE SCHOOL- Mornings: 7:00 - 7:30am - \$5 per child

AFTER SCHOOL - 3:15 - 5:30pm - \$12.00 per child; \$3 per addt'l child daily in the same family (2 childr.= \$15; 3 childr.= \$18)

Fees must be PREPAID by the day, week, or month. Unused prepaid days will be credited to the next week/ month.

Payments: Make checks payable to- **EPIPHANY AFTER SCHOOL.**

Enclose payments in envelope clearly marked with child's name, grade & labeled After School so that payment can be appropriately recorded. **Payments due in advance weekly or monthly.**

SNACKS: PLEASE SEND A DAILY SNACK FOR YOUR CHILD for After School. Snack donations are welcome.

Late Pick Up & Late Payment Fees: A \$10.00 late fee will apply for every 15 minutes after 5:30PM. After three late fees the child may be excluded from the program. Same fees apply to overdue/ late payments as well; Exclusion from program may result for non-payment .

Complete, detach & return bottom portion only of this form to school along with your \$25 registration fee per family (non-refundable) & first \$50 prepayment (applied toward your account).



-----**Complete, detach, & return to school with \$25 registration fee**-----



EPIPHANY AFTER SCHOOL PROGRAM Pre K- 5th Gr. REGISTRATION FORM 2017-2018

PLEASE PRINT. Fill out **one form for each child** (sibling) to be registered. Additional forms are available in the office.

Child's Name _____ Grade _____ Password _____

First Last

Street Address _____ City _____ State FL Zip Code _____ Home Phone() _____

List any special health info - allergies, medications: _____

Parent/ Guardian Work/Cell Phone: Father's Wk ph _____ Father's Cell ph _____ E-mail _____

Mother's Wk ph _____ Mother's Cell ph _____ E-mail _____

* Check one: I DO I DO NOT want my K-5th grade child to work on homework in After School Program.

List/ Print below the names & info of those who are authorized by you to pick up your child.

For safety reasons anyone so authorized, including parents/guardians, must know password & may be asked for further ID.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

***Special notes:** Specific time & some guidance on homework will be provided during the Epiphany After School Program. It ultimately must be supervised & checked by parents/ guardians.

Discipline: Children who display inappropriate behavior may be excluded from activities during the program. Such behavior on three occasions will result in exclusion from the program. Parents will be notified.

I have read & understood all information & procedures regarding the Epiphany After School Program. I will support them & be responsible for fees & regular payment to be made in advance. Failure to do so may result in exclusion from the program.

Signature of legal parent(s)/ guardian(s) _____ Date _____

PLEASE **PRINT** YOUR NAME(S): Thank you _____ Relationship _____ Relationship _____