

Below is a list of the WCS After School Program Policies and Fees for the 2017-2018 academic year. Please review this document carefully and sign and date a copy for our records. If you have any questions, please see me or contact the front office staff.

Thank you,

Kourtney Gavin
After School Program Director
kourtneyg@wissahickoncharter.org
Main Office: 267-338-1020 x 4124/267-774-4370
Cell: 267-273-3304

2017-2018 Policies and Fees

Fernhill Campus

*******CCIS SUBSIDY ACCEPTED*******

Registration Fee: \$25 per child (Due at registration)

Early Registration Fee(offered until June 2, 2016)-\$15 per child(Due at Registration)

Activity Fee: \$85 per family (Due on or by the child's first day)

This fee covers swimming and supplies for the year. Field trips will be an additional fee, typically from \$8-15, depending on the distance and admission fee.

The weekly fee schedule is as follows:

Full time attendance (3-5 days/ week) : \$75/ week

Part time attendance, (1 or 2 days/ week): \$20/ day

The drop in rate (i.e. attending less than 1 day/ week) is \$25/ day per child.

- 1. All fees are billed on a weekly basis and are based on a pre-arranged schedule, not actual attendance. Missed days due to illness or other factors will not be credited.**
- 2. Three days is considered a full week. Shortened weeks (due to vacation or snow days) will not be discounted unless there are two or less days in the week.**
- 3. All payments are due by Friday for the following week, CCIS, CASH, CHECKS AND CREDIT CARDS ARE ACCEPTED. Each Friday's payment is considered pre-payment for the following week of**

service. You are paying in advance for the next week's care. Any over-payment will be credited to the next week or month.

4. Any account owing more than two week's payment will be suspended, meaning your child will be temporarily removed from the program until the account is paid in full. You will need to make arrangements for your child to be picked up or leave on the bus at dismissal. If an account is suspended more than once in a trimester, your child will be suspended until the next trimester and the account is paid in full.

5. Please regularly check with me directly to make sure payments have been received. Receipt of payment and other ASP notices will be in the sign out book or can be received directly from me. Notify the director right away if any discrepancies are found. If the director is unavailable, you may leave a note in the payment drop box.

6. Payments are accepted by check, cash, credit card or money order. Since payments are to be left in the drop box, payments by check are encouraged as they are much safer. All checks and money orders should be made out to: Wissahickon Charter A.S.P.

7. Place payments in the locked drop box located in the left side of the front desk. If writing a check, please write your child's name and week you are paying for on the memo line. If paying by cash or money order, please include a payment slip with your payment. Payment slips are located in the red folder next to the drop box.

8. A \$20 fee will be charged for all returned checks. The school will not accept checks after a check has been returned. Subsequent payments must be in the form of cash or money order.

9. Enrollment in the ASP is a privilege and all students are expected to follow the WCS code of conduct. If a student exhibits inappropriate behavior, parents/ guardians will be notified. If behavior continues the situation may result in suspension from the ASP for the trimester, with possible eligibility for re-enrollment for the next trimester.

10. All students are to be picked up by a designated parent/ guardian no later than 6:00 p.m. The designated parent/ guardian must sign their child out every evening in the log located at the front desk. **There will be a \$1.00 per minute fee for late pickup from the ASP.** A bill will be placed in your file and must be paid within one calendar week.

11. You can reach the school at 267-338-1020. **After 4 pm, you can reach the front desk by dialing extension 4114 (Ms. Shonte). The ASP cell number is 267-273-3304. Please keep this number handy to call in case of late pickup or any concerns, questions or comments.** Any questions, comments or concerns can be directed via email at kourtneyg@wissahickoncharter.org.

Student _____

Parent/ Guardian _____ Date _____

Parent/ Guardian _____ Date _____

*******Please sign and return to the ASP Director*******

**Wissahickon Charter School
After School Program
Registration**

2017-2018 Fernhill Campus School Year

Date of Registration: ____/____/____

Student Information

Name _____ Gender: M / F

Date of Birth: ____/____/____ Grade: ____ Starting Date: ____

Mother's Name/ Legal Guardian _____

Street: _____

City/ Zip Code: _____

Email: _____

Home: _____ Work: _____ Cell: _____

Father's Name/ Legal Guardian _____

Street: _____

City/ Zip Code: _____

Email: _____

Home: _____ Work: _____ Cell: _____

Agreement

55 PA Code Chapters 3270.123 &.181(C); 3280.123 &.181(C); 3290.123 &.181(C)

Name of Child _____

Fee Amount: _____ **per week.**

Payment is due on Friday for the following week.

Child's Arrival Time: 3 pm
Child's Departure Time: 6 pm

Services Provided: After school care, snack, homework help, physical activity, and various clubs, lessons and projects.

Late Fee:
\$1 per minute after 6 p.m.

I, the parent/ guardian,
received complete written program information at the time of enrollment.
agree to update the emergency contact/ parental consent form information
whenever changes occur or every six months at a minimum.

Signature or Parent/ Guardian: _____ Date: _____

Signature of Director: _____ Date: _____

Date of Child's Admission _____ Date Withdrawn: _____

Periodic Review: Parent/ Guardian Signature _____ Date: _____

Emergency Contact/ Parental Consent Form

55 PA Code Chapters 3270.124(a)(b); 3270.181 & 182; 3280.124 (a)(b); 3280.181 &182; 3290.124 (a)(b);
3290.181 &182

Child's Name: _____ Birthdate: ____/____/____

Home Address: _____

**Emergency Contact Person(s)/Persons To whom the child may be released/afternoon/ evening
phone number(s):**

Name _____ Address _____

Phone #(s) _____

Name _____ Address _____

Phone #(s) _____

Name _____ Address _____

Phone #(s) _____

Name _____ Address _____

Phone #(s) _____

Carefully review the following. Mark N/A if not applicable. **PLEASE DO NOT LEAVE BLANK.**

Special Disabilities (if any): _____

Medical or Dietary Information Necessary in an Emergency: _____

Allergies (including reaction and medication): _____

Medication/ Special Conditions: _____

Additional Information About Child's Needs: _____

HEALTH INSURANCE COVERAGE	POLICY NUMBER REQUIRED
NAME OF PHYSICIAN/MEDICAL CARE PROVIDER:	PHONE/ADDRESS OF PROVIDER

Parent/ Guardian signature is required for each item below to indicate parental consent:

(Sign each line)

Obtaining Emergency Medical Care: _____

Walks and Trips: _____ Transportation by the facility: _____

Administration of minor first aid procedures: _____

Swimming _____ Wading _____

Registration Parent/Guardian Signature _____ Date: _____

Periodic Review: _____ Date: _____

