**CREC Magnet Schools—International Magnet School**

**2018-19 Before/After Care Program Application**

Please complete this application and remit payment using myschoolbucks.com by August 24, 2018. Applications can be emailed to [imsofficestaff@crec.org](mailto:imsofficestaff@crec.org).

The initial payment for each student is due with submission of this form.

It is very important that you keep your before and aftercare account current. If your payment becomes delinquent, IMS reserves the right to remove your child from the program.

**If you have an outstanding balance from the 17-18 school year, you will not be able to register your child for the Before and/or After Care program until payment has been addressed.**

**Registration Information:**

|  |  |  |
| --- | --- | --- |
| **Check** | **Action** | **Date** |
|  | New Registration: Student(s) will begin participation on |  |
|  | Student(s) will no longer participate in Before/After Care program as of |  |

**Student Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name(s)** | **Date of Birth** | **Grade** | **Teacher** | **M/F** | **Allergies** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Parent/Guardian Information:**

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian Name:** | | **Relationship:** |
| **Address:** | | **Student lives with (YES or NO)** |
| **Home phone:** | **Cell phone:** | **Work phone:** |
| **Email address:** | | |

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian Name:** | | **Relationship:** |
| **Address:** | | **Student lives with (YES or NO)** |
| **Home phone:** | **Cell phone:** | **Work phone:** |
| **Email address:** | | |

**Student(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contacts/Authorized to Pick Up:**

**(Please note that for the safety of your child(ren), we will not release them to any person not on this list)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **Cell Phone** | **Work/Home Phone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Select** | **Option** | **Description** | **Days** | **Hours** | **Cost/month** | **Deposit** |
|  | **I** | **Before Care** | M-F | 7:30-8:30 am | $108.00 | $30.00 |
|  | **II** | **After Care**  . | M-F | 3:15-5:30 pm | $243.00 | $67.00 |
|  | **III** | **Before and After Care** | M-F | 7:30-8:30 am & 3:15-5:30 pm | $316.00  10% discount applied. | $80.00 |
|  |  |  |  |  |  |  |
|  | **IV** | **Early Dismissal Aftercare ONLY** | 13 Days | 12:00-3:15 @18.00 a day $234 for the year. | Must sign up for all days. | $234.00 |
|  | **V** | **Early Dismissal Aftercare ONLY** | 13 Days | 12:00-5:30 @30.00 a day @ $390.00 a year | Must sign up for all days | $390.00 |
|  |  |  |  |  |  |  |
|  | **VI** | **Before Care (73 days)** | Tues & Thurs | 7:30-8:30 | $44.00 | $12.00 |
|  | **VII** | **After Care (73 days)** | Tues & Thurs | 3:15-5:30 pm | $98.00 | $27.00 |
|  | **VIII** | **Before care (103 days)** | Mon, Wed, Fri | 7:30-8:30 | $62.00 | $18.00 |
|  | **IX** | **After care (103 days)** | Mon, Wed, Fri | 3:15-5:30 | $139.00 | $40.00 |
|  |  |  |  |  |  |  |
|  |  | **Sibling Discount of 15% will be deducted from sibling(s) monthly fee who attend 5 days a week ONLY.** |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | **Before Care Sibling Rate** | M-F |  | $93.00 | $30.00 |
|  |  | **After Care Sibling Rate**  . | M-F |  | $207.00 | $67.00 |
|  |  | **Before and After Care Sibling Rate** | M-F |  | $269.00 | $80.00 |

**Parent/Guardian Acknowledgement:**

I/we have read, understand and agree to adhere to all of the policies, procedures and expectations outlined in the International Magnet School Before/After Care Family Handbook.

I/we agree to pay all fees owed on a MONTHLY basis regardless if bill is received or viewed.

In the event of an emergency, I/we authorize my/our child(ren) to be treated at \_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital.

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian Name (please print)** | **Parent/Guardian Signature** | **Date** |
|  |  |  |
|  |  |  |