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**Before Care and After Care Program**

**Before Care hours: 7:30am to 8:00am // After Care hours: 2:30pm to 5:30pm**

**PLEASE NOTE: Aftercare is not available on scheduled half days.**

**Please schedule before care or after care one week in advance so we can provide adequate staff.**

**PROGRAM FEES**

* **Registration Fee: $50**
* **Before Care per day: $13 per hour**
* **Before Care per week: $50**
* **After Care per hour: $13**
* **Before Care per week: $150**

**POLICY AND PROCEDURE**

* **When dropping off your child(ren) for Before Care and for their safety and security, please remain in your car until 7:30am.**
* **Students are required to have a snack packed each day. They will need an additional snack and drink for After Care. During Before and After Care students will do homework, work on social skills and utilize approved technology.**
* **A credit card must be on file for before care and after care billing. Billing occurs Monday of each week following services.**
* **After care staff is limited for behavioral support. Any student requiring behavior support beyond our staffing will not be able to attend.**
* **Students must be signed out by a person named on their authorized pick-up form.**
* **Late pick-up fees will be enforced at $25 per hour. After three (3) late pick-ups, your child may be dismissed from the program.**
* **If before care or after care payments are delinquent by two (2) weeks, the students cannot attend until payments are current.**
* **If any school out-of-pocket payments are not current, the student cannot attend until payments are current.**

**Revised 07-07-2023**

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**Before Care and After Care Guidelines**

I am aware I can stay in after care if I demonstrate expected and appropriate behavior and listen to adults.

I understand I will receive only one warning for my behaviors.

If I continue to make unsafe or inappropriate choices, I will leave after care immediately.

My parent/guardian will be contacted to immediately pick me up.

|  |  |
| --- | --- |
| **STAY IN BEFORE CARE/AFTER CARE** | **LEAVE BEFORE CARE/AFTER CARE** |
| **Appropriate talking voice****Hands and feet to myself****Respecting personal property****Respecting other’s property****Calm body****Appropriate language****Listening to adults** | **Yelling****Touching others****Throwing or breaking items****Uncontrolled body****Inappropriate language****Arguing****Not listening to adults** |

**Beyond the Spectrum Before Care and After Care Registration**

**Please indicate service(s) needed: Before care\_\_\_\_\_\_\_\_\_\_ After care\_\_\_\_\_\_\_\_\_\_**

**Please note: After care is not available on scheduled half days**

**Before care program hours: 7:30am to 8:00am, Monday to Friday**

**Only on certain days (check all that apply) M\_\_\_\_\_T\_\_\_\_\_ W\_\_\_\_\_TH\_\_\_\_\_ F\_\_\_\_\_**

**After care program hours: 2:30am to 5:30am, Monday to Friday**

**Only on certain days (check all that apply) M\_\_\_\_ T\_\_\_\_W\_\_\_\_ TH\_\_\_\_F\_\_\_\_ Pick up time: \_\_\_\_\_\_\_\_\_**

**Program Fees**

**Registration Fee: $50, Before Care per day: $13 per hour, Before Care per week: $50, After Care per hour: $13, Before Care per week: $150. Please see the attached Credit Card Authorization Form for Before Care and After Care billing. The credit card on file is billed on the Monday following services of the prior week.**

**Policy and Procedure**

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* **If before care or after care payments are delinquent by two (2) weeks, the students cannot attend until payments are current.**
* **If any school out-of-pocket payments are not current, the student cannot attend until payments are current.**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any medical concerns: (medication/food): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I agree to abide by the terms and conditions of the program.**

**Parent/Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Beyond the Spectrum Credit Card Authorization**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Master Card** \_\_\_\_\_\_\_\_\_\_ **Visa** \_\_\_\_\_\_\_\_\_\_ **American Express**\_\_\_\_\_\_\_\_\_\_

**Name on Credit Card:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Billing Zip Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Security Code:** \_\_\_\_\_\_\_\_

**Amount: $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please direct all finance, account, scholarship and payment related questions to:

Peggy Caruso, Finance Director

941-447-8400

peggy.caruso@beyondthespectrum.org

Monday to Friday, 9:00am to 2:00pm

**Recurring Payment Plan**

I authorize Beyond the Spectrum to charge my credit card every Monday for the previous week of before care and/or after care charges.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration paid (date):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_