

## Resilience Charter School Before-school Morning Care Policy

Resilience Charter School is happy to offer Before-school Morning Care to all families who need it.

**Before-school care** will open at 7:30 and run to 9:00 Monday through Friday. The fee is **\$15/week/child**. Doors open to everyone at 9:00, and school begins at 9:15 am.

There is a \$30 registration fee for each student, payable once per year.  
ALL Payments must be on Credit Card and are payable using the **ProCare** app. A current ProCare account is required for all Parents.

Weekly payments are due on Monday for the previous week. Late fees of 10% will be applied to all balances more than 14 days past due.

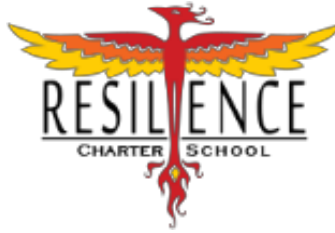
Please note that the RCS Before-school care program is solely supported by tuition payments. It is very important that all payments are received promptly.

Discipline: Failure to cooperate with established policies and procedures, or repeated disruptive behavior, is cause for dismissal from RCS Before-school care.

It is the parents' responsibility to obtain tax records. They can be found on the ProCare app. Our tax id # is 47-2474983.

Registration form is on following page.

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## Morning Care Registration

Please complete ALL of this form and submit a non-refundable registration fee of \$30 per child. Invoices will be paid through the ProCare app. Cash or checks will NOT be accepted for Before Care payments.

Student Name \_\_\_\_\_ Student Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Before-school Morning Care \_\_\_\_\_ Days: M T W Th F All Week (Please circle)

Parent 1 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employed by \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employed by \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_  
Cell/Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Allergies \_\_\_\_\_  
Special Instructions \_\_\_\_\_

Please list all adults who are authorized to pick up your child from **After-school** care:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give my child permission to participate in the Before-school Morning Care program at Resilience Charter School. I agree to comply and follow fully all policies and rules associated with the Before-school and After-school Care program. I agree to the financial obligations and terms set forth for the program. I understand that it is my responsibility to keep up-to-date all emergency contact information for my child. I understand that pictures of my child may be used for promotional purposes. I give Resilience Charter School permission to take my child to the hospital in case of emergency.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_