

WELCOME

The Extended Day Program is a community service available to all Mason Elementary Students. The children enrolled are provided with closely supervised daily activities, which coincide with their age and grade level. Each group contains 15 to 30 students per teacher. Various activities are provided within the program. In addition, fee paid activities are available to enrich your child's afternoon.

REGISTRATION FEES

New enrollments are required to pay a registration fee of \$50.00 for fulltime and \$25.00 for 1 day only. This is a once a year fee and helps to provide materials necessary for activities within the Extended Day Program. The registration fee is required per student regardless of the program in which the child is enrolled. This once a year fee is not refundable if the parent decides not to enroll his/her child after payment is made. However, if the student is withdrawn from the program, he/she may reenroll (within the same school year) without paying the registration fee again.

HOURS OF OPERATION

7am-8am Monday thru Friday

2pm-6pm on Monday, Tuesday, Thursday and Friday

1pm-6pm on Wednesday

7am-5pm on Teacher Work Days

LATE PICK UP CHARGES

A charge of \$5.00 per minute, per child, will be charged for late pickup...NO EXCEPTIONS!!! After three late pickup offenses your child's care privileges could be suspended. Do not jeopardize your family's care needs and avoid those late fees by being on time for pickup.

PAYMENT PROCEDURES

All checks should be made payable to Mason Elementary. REMINDER: State law requires all fees paid in advance of service.

1. **Weekly payments are due on Monday of each week.**
2. **Payments should be placed in Afterschool Office when you pick up your child.**
3. **Late payment fees will be assessed at \$10.00 per week if payment is not made on Monday.**
4. **DO NOT include payments for other activities in Extended Day payment.**
5. **If payment is not made by Wednesday of each week, your child will not be allowed in Extended Day until full payment, including the late fee, is made.**

Mason Elementary School
207 Mason Manatee Way
St. Augustine, Florida 32086
(904) 547-8449
Melinda Stevens, Director

OTIS A. MASON ELEMENTARY SCHOOL
EXTENDED DAY CARE PROGRAM
2010-2011
Hours of Operation: Close of school day until 6:00pm

Fee Information

Otis A. Mason Elementary School provides extended day care to assist parents who need after school child care. This program is totally self-supportive. This program does not receive funds by District, State or Federal agencies. Your payment is the sole source of funding. According to the Florida Constitution (Article VII Section 10), **ALL FEES MUST BE PAID IN ADVANCE OF SERVICE.** Payment is requested by check or money order, made payable to *Mason Elementary School (MES)*. **Payments are due EVERY MONDAY .** There is an annual registration fee of \$50.00 per child.

<u>Weekly Rates</u>	<u>First Child</u>	<u>Second Child</u>	<u>Third Child</u>
Morning and Afternoon			
Non-School Board Employees	\$60.00	\$35.00	\$30.00
Afternoon only	\$55.00	\$35.00	\$30.00
Morning only	\$35.00	\$30.00	\$25.00
School Board Employees	\$30.00	\$30.00	\$30.00

This rate applies whether your child attends 1 day or 5 days.

Rate for Teacher Work Days- \$15.00 per child- Hours 7:00 to 5:00. Child/ren need to bring sack lunch.

1 DAY ONLY: Annual registration fee- \$25.00 per child

Daily Rate: \$15.00 per day per child. Daily rate applies for 1 day only. If your child is registered as full time, this does not apply to you.

Any family needing subsidized child care may apply for funds through Episcopal Children's Services.

PARENTS WILL BE CHARGED \$5.00 PER MINUTE FOR CHILDREN PICKED UP AFTER 6:00P.M.

A late fee of \$10.00 will be automatically charged for any payment made after Monday.

ALL PARENTS MUST SIGN THEIR CHILD(REN) OUT DAILY.

If there are any changes in your child's pick-up, arrangements must be in writing to the office.

Parent Signature _____

OTIS MASON EXTENDED DAY

2010-2011

Registration Fee: \$50.00 per child (non-refundable)

_____ class teacher

Program Needed: Morning only _____ Morning/Afternoon _____

Child's Name _____

(Last) (First) (MI)
Date Enrolled ____/____/____ Birthdate ____/____/____ Grade: ____ Sex: ____ M ____ F

RESIDENCE:

Mother's Name _____ Father's Name _____

Mother's Home Address _____ Phone _____

Father's Home Address _____ Phone _____

Child resides with: ____ Mother ____ Father ____ Both ____ Other (Ext Family)

PARENTS EMPLOYERS:

Mother's _____ Wk Phone _____ Cell # _____

Email address- Mother- _____

Father's _____ Wk Phone _____ Cell # _____

Email address- Father _____

MEDICAL CONTACT:

Child's Physician _____ Phone # _____ Address _____

May MES call another physician if unable to contact the above? _____ Yes _____ No

CUSTODIAL RIGHTS: (Parents permitted to remove the child.)

Father: ____ Yes ____ No Mother: ____ Yes ____ No Step-Parent: ____ Yes ____ No

If "No" is answered to the above on the natural parents, custody papers must be on file in the school office to legally enforce.

ALTERNATIVE CHILD PICK-UP/EMERGENCY CONTACT APPROVED LIST:

I hereby give OTIS MASON EXTENDED DAY permission to release my child to one or more of the following persons:

Name	Relationship	Phone
_____ Name	_____ Relationship	_____ Phone
_____ Name	_____ Relationship	_____ Phone
_____ Name	_____ Relationship	_____ Phone

SPECIAL INSTRUCTIONS AND/OR MEDICAL CONCERNS:

Date _____

Parent Signature _____

AUTHORIZATION FOR EMERGENCY CARE

In case of accident or serious illness and Otis Mason Extended Day Program is unable to reach me, I hereby authorize them to contact the physician indicated and follow his instructions. However, Otis Mason Extended Day may make whatever arrangements necessary to provide care and treatment for my child.

In the case of an accident or serious illness where immediate treatment of my child is not indicated but where he/she is unable to remain at the school, Otis Mason Extended Day Program will contact me to arrange transportation for my child. If O.M. Extended Day Program is unable to reach me, I authorize them to contact one of the persons listed and request them to come to the school and transport my child home.

Child's Name _____

Parent's Signature _____

GENERAL RELEASE OF LIABILITY

The undersigned agrees to release and forever discharge Otis Mason Extended Day Program and the St. John's County School Board, their officers, servants, agents, and employees, from all claims and demands, rights and causes of action of any kind the undersigned now has or hereafter may have on account of or in any way arising from personal injuries and/or property damage known or unknown to the undersigned at the present time that results from any occurrence which may happen to the below stated child during time spent in the Otis Mason Extended Day program, barring proven supervisory neglect.

_____ Date _____
Child's Name

_____ Date _____
Parent or Guardian Signature

VERIFICATION OF UNDERSTANDING POLICIES

THIS SHEET MUST BE SIGNED AND RETURNED WITH YOUR ENROLLMENT FORMS TO ENROLL YOUR CHILD INTO THE EXTENDED DAY PROGRAM AT OTIS MASON ELEMENTARY.

I, _____, HAVE READ ALL THE POLICIES OF THE EXTENDED DAY PROGRAM AT OTIS MASON ELEMENTARY AND UNDERSTAND THAT ANY REPEATED VIOLATIONS OF THESE POLICIES CAN RESULT IN THE REMOVAL OF MY CHILD, _____, FROM THE EXTENDED DAYPROGRAM.

I DO HEREBY AGREE TO UPHOLD AND ABIDE BY ALL RULES SET ASIDE HEREIN IN CONNECTION WITH MY CHILD'S CARE RECEIVED WITHIN THIS PROGRAM.

PARENT'S SIGNATURE _____ DATE _____