

## BILLINGS R-IV SCHOOL STUDENT BEFORE AND AFTER SCHOOL ENROLLMENT FORM

**Enrollment Options:**    **Full-time (5 days/week)**    **Part-time (3 days or less/weeks)**    **Rate on Early Release Weeks only (4 days/week)**

**Before School-\$5 day**                      \$25                                      \$15                                      \$20

**After School-\$14 day**                      \$70                                      \$42                                      \$56

- *There will be no before or after school care on the calendar days that are designated Early Release Days, with 12:30 dismissal, inclement weather days where school is closed or closes early, and during summer school.*
- *If parents have a negative lunch balance greater than \$20, they may not participate in the program until the negative balance is paid.*
- *Parents are required to pre-pay prior to the Monday morning or the week they are utilizing the weekly service, and no refunds will be given on missed days.*
- *There is a 10% multiple child discount for families with more than one student enrolled in the Before and After School Program.*
- *Parents are required to contact the Central Office at (417) 744-2623 if they will not be coming in the morning, or staying after school.*
- *Parents can pay for mornings only, evenings only, or both for the 5 day, or 3 days or less. The 4 day rate only applies on days of early release at 12:30 pm.*
- *If your child has repeated discipline issues, he or she is subject to dismissal from the program.*

**A free afterschool meal will be available to all children staying afterschool.**

**Morning drop off time:** Parent or designated adult on your list, must come inside the building and physically sign in, and drop off, your child no earlier than 6:45 at the cafeteria glass door entrance, between the high school building and the cafeteria.

**Afternoon pick up time:** Any person picking up your child from the After School Program is required to come inside no later than 6:00 pm, through the cafeteria at the same location, and must provide an ID before departure. If you arrive after 6:00 pm, you will be charged for another day at the \$14 rate. If you are consistently late, you are subject to dismissal from the program.

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M  F  Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_ County \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Name & Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Name & Phone \_\_\_\_\_ Cell \_\_\_\_\_

Step-Father's Name \_\_\_\_\_ Work Name & Phone \_\_\_\_\_ Cell \_\_\_\_\_

Step-Mother's Name \_\_\_\_\_ Work Name & Phone \_\_\_\_\_ Cell \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Work Name & Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_ This address belongs to: \_\_\_\_\_

With whom does Child Live? \_\_\_\_\_

In case of illness/emergency which parent should we contact 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

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LIST BELOW WHO HAS PERMISSION TO PICK UP YOUR CHILD FROM THE AFTER SCHOOL PROGRAM:

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_ Phone \_\_\_\_\_  
Other: \_\_\_\_\_ Phone \_\_\_\_\_  
Other: \_\_\_\_\_ Phone \_\_\_\_\_

In case of illness/emergency and parents/guardian are unable to be contacted please call:  
(List in order who to contact 1<sup>st</sup>, 2<sup>nd</sup>, etc.)

Alternate Contact 1: \_\_\_\_\_ Phone #'s: \_\_\_\_\_ Relationship \_\_\_\_\_  
Alternate Contact 2: \_\_\_\_\_ Phone #'s: \_\_\_\_\_ Relationship \_\_\_\_\_

Is there any Court Ordered Custody Arrangement that the school needs to be aware of? Yes  No   
If yes, are Custody Papers on file with the Principal's office? Yes  No   
If yes, are there any persons who are **NOT** allowed to have contact or pick up child from school as specified in court order documentation (provide the office with a copy).

Please list: \_\_\_\_\_

Please list any allergy concerns:

\_\_\_\_\_  
Please list any additional information or concerns:



**PARENT(S)/LEGAL GUARDIAN(S) SIGNATURE** \_\_\_\_\_

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