

Before/After Care Program Handbook 2017-2018



PALM BEACH
SCHOOL *for* AUTISM

Eligibility

All students at the Palm Beach School for Autism (PBSA) are eligible unless the student demonstrates high rates of self-injury and/or aggression, and/or high rates of disruptive behavior during the school day. PBSA will be the sole authority on whether a student may participate in the Before/Aftercare ("Program")

Registration and Process

1. All student's attending the program must be registered students at the Palm Beach School for Autism.
2. Registration forms need to be completed and delivered to PBSA each year for each student.
3. Program space is limited and will be allotted on a first-come, first serve basis. Any student who has a outstanding balance, or unpaid registration fee, will not be eligible to register for the Program.
4. If no space is available, and student meets all other eligibility requirements, than student will be placed on the Program's waiting list.
5. Notification of Program acceptance will be done during the week of July 1, 2017.

Rules

1. Palm Beach School for Autism, in its sole discretion, reserves the right to remove a student from the Program at any time.
2. **BEFORE/AFTER CARE IS NOT AVAILABLE ON A DAILY NEEDS BASIS.**
3. No refunds on program fees.

Hours of Operation:

Before Care begins at 7:30am for all students in **Pre-K, Elementary, Middle/High School**

Before Care ends at 8:20 for elementary/middle/high school

Before Care ends at 8:50 for pre school

After Care begins at 2:15pm for Pre K

After Care begins at 2:45pm for Elementary, Middle/High School

Students who report before school begins and are not registered in the Program must remain with parent until school begins. No classroom teacher will be called until carpool is complete. If a child is dropped off before drop off ends at 8:20am and is not registered in the Program a charge of \$35.00 before care fee will be charged, regardless of the time.

Palm Tran students dropped off before 8:20 and are not registered in the Program will be charged \$25.00. You will have 3 opportunities to address Palm Tran early drop off. After the third time you will incur the current months block charges for this time period. **If payment is not made we will not accept your child in the program at drop off.**

Any student not picked up by 2:45 pm and, is not registered in our after care program, will be charged \$35.00. This is due at time of pick-up. We will make one phone call to the parent/guardian. If we are unable to reach parent/guardian we will make one more call from the pick up list on file. If we are unable to reach anyone, governmental authorities will be notified. This could constitute as child abandonment by authorities.

Palm Tran students must be picked up by 2:45 pm, if not a charge of \$35.00 will apply regardless of the time.

Palm Beach School for Autism is not responsible for Palm Tran. It is the parents responsibility to schedule drop-offs and pick-ups.

Early Release Days

Pre- K - There is no After Care on these days, pick up is 12:00 NOON SHARP .Carpool will begin at 11:45am. After 12:15 pm there is a \$3.00 a minute charge and after 12:30 pm it is \$6.00 a minute. Late fee must be paid at pick up. NO EXCEPTIONS

Elementary, Middle/High School - There is no After Care on these days, pick up is 12:30 pm SHARP. Carpool will begin at 12:15pm, please make arrangements to line up for carpool no earlier than 12:15 pm. After 12:45 pm there is a \$3.00 a minute charge and after 1:00 pm it is \$6.00 a minute. Late fee must be paid at pick up. NO EXCEPTIONS!

Parents are provided a school calendar and are responsible to note early release days. It is not the responsibility of the Palm Beach School for Autism.

Before Care Program - Arrival Procedure

Students enrolled in the before care program must enter through the front door with their parents. All parents are required to sign their child in each morning and stay with their child until a staff member picks up their child. Students enrolled in the before care program will not be permitted into the school until 7:30am and must not be dropped off prior to this time as there is no supervision present.

After Care Program - Departure Procedure

1. Students must be picked up by 5:30pm **SHARP**, Pre K, Elementary, Middle/High School.
2. Late fees will accrue after 5:30pm at \$3.00 for every minute until 5:45pm at which time the rate will be \$6.00 a minute. After 5:45pm parent and emergency list will be contacted if there is no response from emergency list governmental authorities will be contacted.
3. Parents or authorized pick-up personnel must sign the child out with a signature and indication of time of pick-up on the aftercare sheet.
4. **PHOTO ID WILL BE REQUIRED AT ALL TIMES.** Children will only be released to the Primary and Secondary Parent/Guardian, as well as those listed on the Authorized pick-up list. **NO ONE UNDER THE AGE OF 18 WILL BE PERMITTED TO PICK UP ANY CHILD.** For safety reasons, the staff will bring your child to the front lobby. Please wait patiently until your child arrive.

Parents late picking up their child more than three (3) times within a month after 5:30pm will be removed from the Program with no refunds.

Description of Services

The aftercare program will include:

- ◆ Outdoor activities
- ◆ Indoor games and activities
- ◆ Arts and crafts and other scheduled activities
- ◆ Special guests



Payment Procedure

All students attending the Program must be signed up for the entire 3 month block (1 block equals 3 month). **Daily service is no longer an option nor are specific days of the week.** No student will be allowed in our program until the following arrangements have been made.

Payments must be made in block installments: **(Space is limited)**

(Block #1)

August, September, October **(due by Friday, July 15, 2017)**

Before Care \$240.00

After Care \$480.00

Before/After Care \$675.00

(Block #2)

November, December, January **(due by Monday October 15, 2017)**

Before Care \$220.00

After Care \$440.00

Before/After Care \$618.75

(Block #3)

February, March, April **(due by Thursday, January 15, 2018)**

Before Care \$240.00

After Care \$480.00

Before/After Care \$675.00

(Block #4)

May, June **(due by Monday, April 15, 2018)**

Before Care \$96.00

After Care \$192.00

Before/After Care \$270.00

(Block #5)

June & July - Summer Session **(due by Thursday, June 15, 2018)**

Before Care \$80.00

After Care \$160.00

Before/After Care \$225.00



If for some reason you have an emergency, you must call ahead of time and give a credit card for pre-payment . If the credit card is declined a \$50.00 charge will be added.

Payment Options

All payments must be made by credit card, check, cash or money order, **we only accept debit cards as credit cards.**

Please print child's name on the bottom of all money orders. Make money orders payable to PBSFA.

Payment Procedures

All payments must be sealed in a envelope printed with your child's name and handed to the person at the front desk. Envelope will be opened/verified and resealed with your signature, you will be asked to sign the payment received book and provided a receipt.

Withdrawals

If your child has been enrolled in the program and you wish to withdraw him/her please notify the school office in the form of a written letter. All withdrawals require a 30 day notice.

Financial Assistant:

Families seeking financial assistance may request an application and guidelines by calling Adriene Fern in the school office at 561-533-9917 or e-mail: adrienef@pbsfa.org

If payment is not made in full on the scheduled due date and no payment arrangements have been made for financial assistance the student is not allowed in our program.

Failure to pay outstanding balance by Block due date including late pick-up or early drop off fees or financial agreement arrangements will result in a \$50.00 charge and the student will not be allowed to participate in the Program.

All payments are due on the scheduled Block dates, any charges processed declined or have NSF will incur a \$50.00 charge each time the credit card is ran.

Any payment made by cash or money order that is late will be incur a \$50.00 charge.



ONLY SELECT ONE OPTION

Before Care
 After Care
 Before & After Care



PALM BEACH
SCHOOL *for* AUTISM

Pre School _____ Elementary _____ Middle School _____ High School _____

BEFORE & AFTER CARE REGISTRATION INFORMATION

(Please Print Clearly)
One Registration packet per child

Student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

List all siblings name attending program at this time:

1.
2.

Mother name or Legal Guardian: _____

Address: _____ City: _____ Zip code: _____

Contact number: _____

Father name or Legal Guardian: _____

Address: _____ City: _____ Zip code: _____

Contact number: _____

If you make any changes to this program please call the school office immediately. Do not tell the teacher. You can also e-mail your changes to lindaf@pbsfa.org.

Block #1 _____ Block #2 _____ Block #3 _____ Block #4 _____ Block #5 _____

Total amount enclosed \$ _____

Approved: _____ **Date:** _____ **Time:** _____

Before/After Care Program *** Parent Contract

Child's Name: _____

I understand the policies and procedures which have been outlined in the Program materials provided. I also acknowledge these are in place to ensure the safety and well-being of my child while attending the Program. I have read and agree to follow the Before/After Care policies and procedures.

In addition, I understand my responsibilities as a parent/guardian to include, but are limited to:

- ◆ Late fees will accrue after 5:30pm at \$3.00 for every minute until 5:45pm at which time the rate will be \$6.00 a minute. After 5:45pm governmental authorities will be contacted
- ◆ Paying scheduled program fees on or before the due date
- ◆ Paying late fees prior to the next required payment
- ◆ Notifying the school office if my child will not be attending the program

I have completed this form to the best of my knowledge. I also give my child permission to participate fully in the Palm Beach School for Autism Before & After Care program. I agree to comply with all the rules, regulations and policies as set forth in this handbook. In addition I agree to the financial obligation and terms of payment for this program and understand that all unpaid balances will result in late fees, and possible expulsion of the student from Program. I also understand and agree that any past due balances may be submitted to a collection agency and that I will be responsible and pay any cost to PBSFA resulting from the collection, including collection agent or legal fees.

Parent or Legal Guardian's Initials _____

Photographs - Pictures and photos are taken of activities from time to time for purposes of art activities, Palm Beach School for Autism web page, Facebook, local newspaper or other publications.

Any children pictured in these publications will not be identified by name.

I am willing to allow my child to be photographed in the PBSFA Before & After Care Program.

Yes _____ No _____

Parent or Legal Guardian's Initials _____

Parent/Guardian Signature

Print Name

Date

Charge Card Payment Information

Child's Name: _____

Name on Card: _____

Address: _____

City: _____ Zip Code: _____

Contact number: _____

Credit Card # _____

Expires: _____ Security Code: _____

Signature: _____

Date: _____

Charge my account: \$ _____

(Note: please include a copy of the front and back of your credit card)

Child Pick Up Authorization

Child's Name: _____

PHOTO ID WILL BE REQUIRED AT ALL TIMES. Children will only be released to the Primary and Secondary Parent/Guardian, as well as those listed on the Authorized pick-up list. **NO ONE UNDER THE AGE OF 18 WILL BE PERMITTED TO PICK UP ANY CHILD.**

THE FOLLOWING PERSONS HAVE MY PERMISSION TO PICK UP MY CHILD:

Please print the names and phone number of anyone who is allowed to pick-up your child, this includes yourself. **YOU MUST HAVE ADDITIONAL NAMES ALONG WITH MOTHER AND FATHER**

NAME	PHONE NUMBER
MOTHER or LEGAL GUARDIAN:	
FATHER or LEGAL GUARDIAN:	

CONTACT THE SCHOOL OFFICE IS YOU NEED TO MAKE CHANGES TO THIS LIST. ALL CHANGES MUST BE IN WRITING

Parent/Guardian Signature

Date

E-mail Address: _____