

BEYOND THE BELL

Bells Elementary After School Program

3:40-6:00 Each School Day

110 Scott Rd.

Bells, TX 75414

(903)965-3601

Director: Tishia Crump

SUMMARY

At Bells Elementary School, we know that all parents want to ensure their child's safety and well-being after the school day is over. BES offers parents an after school child care option. We call our program BEYOND THE BELL. BEYOND THE BELL is fully staffed with BES certified teachers. Each day your child will:

- Receive a healthy snack
- Receive help with their homework and/or tutoring from certified teachers
- Enjoy some time on the playground or in the gym
- Engage in a structured learning activity in our computer lab

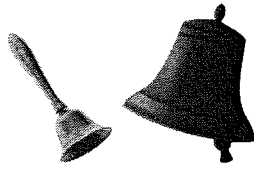
COST

- One-time registration fee of \$20.00 due at the time of enrollment
- Cost is based on family income
- Children who do not qualify for free or reduced lunch pay \$50.00 per week (\$5.00 discount per week for additional siblings)
- Children who qualify for the reduced lunch program pay \$40.00 per week (no sibling discount)
- Children who qualify for the free lunch program pay \$30.00 per week (no sibling discount)
- All fees are due and payable on the 1st and the 15th of each month. **A \$5.00 late fee per day will be assessed.**
- No reduction in cost for absences
- Beyond the Bell **WILL NOT** be open on Early Release Days.
- **NEW..... Parents will be allowed to use the drop-in service one day per week for \$10.00. If used two or more times during the same week, the weekly rate will apply. MUST NOTIFY OFFICE BY 2:30p.m. to ensure proper staffing. Payment is due at pick up of the drop in day.**

Registration is available in the Bells Elementary School Office throughout the Year

The following information will be needed to complete your child's registration.

- Health information (allergies, medications)
- Medical insurance information (policy number, phone contact)
- Doctor's name and phone number
- Parent or legal guardian signature and emergency contact information
- \$20.00 registration fee AND the first two weeks tuition payment



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Behavior Expectations

The BES staff expects all Beyond the Bell Students to follow the BISD Code of Conduct. The children are expected to maintain high standards of courtesy and character and show kindness and consideration towards others. When a child's behavior is inappropriate and he/she refuses to make positive changes, parents will be notified. If inappropriate behavior continues, the child will be removed from the after school program.

Hours of Operation

Each regular school day from 3:40-6:00. Beyond the Bell WILL NOT be open on Early Release Days or school holidays.

My child and I agree to abide by the policies and procedures above.

Parent and student Signature

Date

"Beyond the Bell" Enrollment Form

Information to be completed by Parent/Guardian: Regular Lunch Reduced Lunch Free Lunch

Student (1) Legal Name _____ Grade _____
First Middle Last
 Student's Teacher _____
 Birth Date _____ Age _____ Sex: M or F
Mo. Day Year
 Allergies or Medical condition? _____ If yes, give information on back of page.

Student (2) Legal Name _____ Grade _____
First Middle Last
 Student's Teacher _____
 Birth Date _____ Age _____ Sex: M or F
Mo. Day Year
 Allergies or Medical condition? _____ If yes, give information on back of page.

Mother's Name _____ Phone _____
 Place of Employment _____ Phone _____

Father's Name _____ Phone _____
 Place of Employment _____ Phone _____

Student lives with _____
Name Relationship
 Home address _____
 City _____ Zip _____
 In Case of an Emergency, contact: _____
Name Phone Number

Under no circumstances shall a child be taken from the premises without written consent from the parent or guardian.

Identification may be requested when picking up a student.

My child may be released to the following person(s): *(include name & phone number)*

| Name(s) - Relationship | Phone |
|------------------------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Medical Consent Form

I, the undersigned, authorize the staff of "Beyond the Bell" After School Program to contact the persons named on this form directly, and do authorize that named physicians render such treatment as may be considered necessary for the health of my child:

In the event physicians, other than persons named on this form, or parents cannot be contacted, the "Beyond the Bell" staff members are authorized to consent to medical treatment and to take whatever action is necessary in their judgment, for the well being of my child:

I will not hold "Beyond the Bell" financially responsible for the emergency care and/or transportation for my child.

"Beyond the Bell" Program

Student's Name _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone Number _____

Mother's Name _____ Business Phone _____

Father's Name _____ Business Phone _____

Medical Insurance Information: Name of Insurance Company

Policy No. _____ Phone No. for Contact _____

Name of Managing Conservator or Guardian, if one has been appointed _____

Health Information: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, any chronic conditions, or any other condition of which the Program should be aware

Doctor's Name _____ Phone No. _____

Signature of Parent/Guardian _____