

# Imprints Cares

*A Premier Before & After School Program™*

2011 – 2012

## Before and After School Care

*The Centers for Exceptional Children*  
**The Children's Center**

Enroll your child in our before and after school program brought to you by Imprints. ***Children will be cared for at the school by the school staff.*** The program includes a snack, time dedicated to homework, play, relaxation and special activities.

<b>Where-</b>	<b>The Children's Center</b>
<b>Caregivers-</b>	<b>Teachers and Assistants</b>
<b>When-</b>	<b>Mornings: 7:00 am to start of school day</b> <b>Afternoons: End of school day to 5:30 pm</b>
<b>Cost-</b>	<b>\$40 nonrefundable registration fee</b> <b>\$60 per month, per child, mornings only</b> <b>\$200 per month, per child, afternoons only</b> <b>\$225 per month, per child, both</b> <b>"Drop-in" services available upon request</b>

To register, complete the application form and submit it with your \$40 registration fee to Imprints. For more information contact Janelle Williams, Imprints Cares Administrator, at 336-722-6296 Ext 223 or [jwilliams@ImprintsCares.org](mailto:jwilliams@ImprintsCares.org). For more about Imprints, visit us on the web at [www.ImprintsCares.org](http://www.ImprintsCares.org).



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## Program Information

### *Imprints Cares Before and After School Care*

#### **Schools of operation**

##### ***Elementary Schools***

Ibraham Elementary  
Old Richmond Elementary  
Union Cross Elementary

Jefferson Elementary  
Piney Grove Elementary

Meadowlark Elementary  
South Fork Elementary

##### ***The Centers for Exceptional Children***

The Children's Center                      The Special Children's School

##### ***Middle Schools***

Meadowlark Middle

#### **Hours of operation**

Mornings:                      7:00 am until school begins  
Afternoons:                      End of school day until 5:30 pm

#### **Fees**

**Do not send payments with your child to school.**

\$40 nonrefundable registration fee  
\$60 per month, per child, morning only  
\$200 per month, per child, afternoon only  
\$225 per month, per child, morning/afternoon  
"Drop-in" services are available upon request.  
*Sibling discount: \$10 per sibling*

#### **Please choose the following options for payments:**

- personal/certified check, money order or cash dropped in the locked box at the school
- online payments through our website including monthly draft
- mail payments to Imprints office

**Payments are due the last day of the month for the upcoming month of child care.**

(ex. September payment due August 31<sup>st</sup>).

*Receipts for payment and tax information will be emailed/mailed to parent who is listed as responsible party. Please indicate if more than one party is responsible.*

#### **School closings/late openings due to inclement weather**

- **When school is closed due to inclement weather, the before and after school program will be closed.**
- When school is dismissed early due to inclement weather, the after school program will operate. **Parents will be contacted if conditions continue to worsen.**
- If school is **delayed** Before School Care will operate on a regular schedule.

#### **Teacher Workdays**

Care will be provided on teacher workdays at no additional charge for full-time enrolled students.

**No care will be provided on days that are designated by the school system as holidays.**

We look forward to serving you and your family! Please contact us if you have any questions.

Janelle Williams  
Imprints Cares Administrator  
336-722-6296 Ext 223  
[jwilliams@imprintscares.org](mailto:jwilliams@imprintscares.org)



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*Imprints Cares Before and After School Care*

## Application

### Child's Information

Child's school: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
grade \_\_\_\_\_ teacher \_\_\_\_\_

**CHILD'S NAME** \_\_\_\_\_

Child's Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Home phone \_\_\_\_\_

#### Father's Information

Name \_\_\_\_\_ daytime/cell phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

#### Mother's Information

Name \_\_\_\_\_ daytime/cell phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

### Level of Services Requested

Start Date \_\_\_\_\_

**Full-time:**  
\_\_\_ AM only \_\_\_ PM only \_\_\_ AM/PM

**Occasional Drop - in:**  
\_\_\_ yes \_\_\_ no

### Emergency Information

Medical issues (known allergies, medication, etc.) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ First contact in case of emergency \_\_\_\_\_

Additional people who are authorized to pick up my child from Imprints Cares Before and After School Care:

Name \_\_\_\_\_ phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_ Relationship \_\_\_\_\_

Custody issues \_\_\_\_\_

For your child to be enrolled all boxes must be checked.

- I have read, agree to, and will adhere to the financial terms.
- I have read and will support the discipline policy.
- I have read the program information page.
- My signature indicates I am responsible for payment and will keep the account current.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## Financial Term Agreement Reminder *Imprints Cares Before and After School Care*

Child's Name: \_\_\_\_\_

Upon enrolling my child in Imprints Before and After School Care, I understand and agree to the following:

I am enrolling my child in the Imprints program and am therefore considered the responsible party. \_\_\_\_\_ (initial)

I agree to pay the specified annual, nonrefundable registration fee. \_\_\_\_\_ (initial)

**All payments are due the last day of the month for the upcoming month of child care, with a two-day grace period.** Failure to pay may result in dismissal of your child from the program. \_\_\_\_\_ (initial)

Charges for late payment: 1<sup>st</sup> late payment - No charged assessed  
2<sup>nd</sup> late payment - \$25 fee charged to account  
3<sup>rd</sup> late payment - dismissal from program until outstanding balance is paid in full

I will abide by the schedule of charges for late payments. \_\_\_\_\_ (initial)

Returned checks are considered a delinquent payment regardless of when they are received. Staff will notify parents of a returned check. I will be assessed up to a \$25 service charge for any returned check. \_\_\_\_\_ (initial)

My child will be removed from the program after two returned checks. \_\_\_\_\_ (initial)

**No credit or transfers are given for absences or snow days.** \_\_\_\_\_ (initial)

I will notify Imprints Cares at [jwilliams@ImprintsCares.org](mailto:jwilliams@ImprintsCares.org) 2 weeks prior to withdrawing my child from the program. \_\_\_\_\_ (initial)

My child may be removed from the program if I do not adhere to these terms. \_\_\_\_ (initial)

I certify that I have read the financial agreement and agree to the terms as described.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please call with questions:

Janelle Williams  
Imprints Cares Administrator  
336-722-6296 Ext 223  
[jwilliams@ImprintsCares.org](mailto:jwilliams@ImprintsCares.org)