

Imprints Cares

A Premier Before & After School Program™

2011 – 2012

Before and After School Care

The Centers for Exceptional Children
The Special Children's School

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.

- Where-** The Special Children's School
- Caregivers-** Teachers and Assistants
- When-** Afternoons: End of school day to 6:00 pm
- Cost-** \$40 nonrefundable registration fee
\$200 per month, per child, afternoons only
"Drop-in" services available upon request

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. For more about Imprints, visit us on the web at www.ImprintsCares.org.



IMPRINTS

stronger families. stronger communities.



Program Information

Imprints Cares After School Care

Schools of operation

Elementary Schools

Ibrahim 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

Afternoons: End of school day until 6:00 pm

Fees

Do not send payments with your child to school.

\$40 nonrefundable registration fee

\$200 per month, per child, afternoon only

"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 31st).

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.**

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



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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:
_____ PM only

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 After School Care*

Child's Name: _____

Upon enrolling my child in Imprints 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: 1st late payment – No charged assessed
2nd late payment - \$25 fee charged to account
3rd 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 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
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