



## Croswell Before/After Care Program

Croswell offers before and after care for children in GSRP and ECSE PM programs from 6:30 - 8 am and 3 - 5:30pm, M – F. Before and After Care is available following the district/program calendar. When these programs are in session before/after care is available. When these programs are closed, there is no before/after care or full day care available. The cost is \$5.50 per hour with an annual registration fee of \$50. Children using this program must be fully potty trained and be 3 years old by Sept 1st. Before/After Care is designed to provide a safe and nurturing environment while promoting the physical, social, emotional and intellectual development of young children as an extension of their preschool program. We strive to create a responsive, relaxed, positive and intellectually stimulating atmosphere. Certain regular periods of each afternoon emphasize opportunities for self-initiation and types of play and other time periods offer teacher-directed group activities. The Early Childhood Services programs consider every segment of the day to be important in the total program, each offering the children unique opportunities for growth and learning.

- Registration fee is \$50, non-refundable
- Two weeks tuition must accompany these forms (tuition is \$5.50 an hour)  
Payments required weekly by debit or credit card
- Two weeks of nonpayment, and child may/will be disenrolled
- \$15 late fee after 5:30pm

Father/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Croswell Early Childhood Center

175 Croswell Street

Romeo, Michigan 48065



## Child Schedule & Weekly Payments-

The Romeo Community Schools Early Childhood Services Department is looking forward to sharing the care of your child. We realize the importance of the partnership we create as an essential factor in how much your child will gain from this experience. We have enclosed a copy of the Individual Care Plan to summarize information about how best to handle daily routines for your child. It will help us to care for your child in ways that are consistent with your child's home experiences. We recognize that the family is the expert for their child and we want to benefit from your knowledge. Through continued communication with your child's care provider it will be updated as the care patterns change for your child.

Please list your child's attendance below (days and times).

<b>Before Care 6:30 - 8am</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Drop off time</b>					
<b>Teacher Drop off to class line</b>	8 a.m.	8 a.m.	8 a.m.	8 a.m.	8 a.m.
<b>After Care 3:00 - 5:30p</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Drop off from Teacher</b>	3 p.m.	3 p.m.	3 p.m.	3 p.m.	3 p.m.
<b>Pick up Time</b>					

Your child's schedule is considered a commitment regardless of attendance and payment.

Your child's weekly hours in attendance are: \_\_\_\_\_ x\$5.50/hr = Weekly childcare is \_\_\_\_\_.

**A snack will be provided in After Care at 3:15p daily.** The snack menu for the week will be posted on ProCare each Monday. The children will use their own personal water bottles that they bring from their classroom daily (please be sure the water bottle is labeled with your child's first and last name). We will refill water bottles from Culligan's at our water bottle station.

**Account Clerk Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**ROMEO**  
COMMUNITY  
SCHOOLS

## All About Me

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

Nickname or name that you would like your child to learn to write: \_\_\_\_\_

Child lives with:

Both Parents \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Joint \_\_\_\_\_ Other \_\_\_\_\_

Custody -Visiting Agreements \_\_\_\_\_

Siblings and Ages: \_\_\_\_\_

Any Pets? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child take any regular medication? \_\_\_\_\_

*If yes, special district doctors forms may need to be signed before enrollment can start.*

Are there any special medical, physical, or emotional needs that the teachers need to be aware of?

\_\_\_\_\_

Do you feel your child's speech is clear? Yes \_\_\_\_\_ No \_\_\_\_\_

Can people besides you, the parent/guardian understand when he/she speaks? Yes \_\_\_\_\_ No \_\_\_\_\_

Is any language other than English spoken in the home? If so what? \_\_\_\_\_

What goals do you have for your child in our program?

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Child's Name: \_\_\_\_\_ Program: Before Care After Care Both

**Pay in Advance Policy**

Registration fee and two weeks tuition is due before enrollment can begin. Parents or legal guardians need to submit a payment based on the schedule of attendance for care or preset tuition amount. **THERE ARE NO REFUNDS FOR OVERPAYMENT.**

1. I understand that RCS Early Childhood Programs are non-profit and self supporting
2. I understand that my child's account from the previous school year and/or summer must be in good standing or my child can not start or register for any RCS programs (Preschool, Discovery, SACC).
3. I agree to pay the annual registration fee of \$50 per child which is non refundable.
4. I understand that if my child's account is not at a "\$0 balance" and becomes 2 weeks delinquent, my child can be excluded from the program until full payment is made.
5. I understand the payment options are: paying weekly online through ProCare using "click to pay" or automatic deduction from a bank account (signed form on file). A payment over the phone with a credit or debit card, or in the Early Childhood Services office with credit card, check or cash payment. Checks should be made payable to RCS.
6. I understand that if I have joint custody of my child and I share financial responsibility for tuition payments, there will be two separate accounts, one for each parent. Registration fee will be split in half and charged to separate accounts respectfully. I must work out the payment method with the shared party.
7. I understand that the Before Care starts at 6:30a and After Care program closes at 5:30pm. I understand that I will be charged a late fee of \$15.00 per 15 minute increments after 5:30pm.
8. I understand that I will be charged a \$25 NSF fee for returned checks, debit or credit cards. Please sign a new Automated ProCare form, if your debit or credit card has expired, this must be done in the office, not just online.
9. In the event that collection efforts become necessary, I agree to pay any and all collection costs, reasonable attorney fees, and court costs.
10. I understand the parent/guardian that is listed on the Registration Form is considered to be the person responsible for full payment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Policy Agreement

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

**Program: Croswell Before or After Care Program**

1. I agree to sign my child in & out using the ProCare App daily. The ProCare App is to be downloaded to a cellular device of each child's guardian or parent. The classroom teacher will sign out for Before Care and In for After Care daily.
2. I agree to call the office to inform staff whenever my child will be absent. I will not send my child to his/program/class when he/she is ill and I will pick my child up if he/she becomes ill at school within 1 hour.
3. I will complete all enrollment forms and supply other necessary documents. I will keep all information current and up to date.
4. I will read all communications, ProCare messages, emails and bulletin boards.
5. I agree and assume full responsibility for any damage to person or property caused by my child.
6. I understand that if my child has a persistent pattern of negative behavior and interventions have not been successful, my child may be removed from the program
7. My child may be photographed or video recorded while participating in RCS Early Childhood programs. Photographs and or videos may be used for program projects, promotion, district websites, or staff training.
8. I have read the RCS Early Childhood Programs handbook which includes program policies, disciplinary procedures, and payment information. I will discuss the rules, regulations, and expectations of the program with my spouse or significant other.
9. In the event of an emergency, I give permission to RCS Early Childhood programs to secure emergency medical or emergency surgical treatment for the above named minor child while in care.
10. My child has permission to use Romeo Community Schools playground equipment while participating in the Early Childhood programs, as it has been inspected and approved.
12. I have been informed that we maintain a Child Care Licensing notebook which is available to view during business hours in the front office.
13. I have read, understood and agreed to all of the above. If I have any questions or concerns I will contact the Child Development Director 586.752.0314.

All policies, procedures and staffing related to the Early Childhood Development programs are under the discretion of the Child Development Director.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_