

Crisp Academy After School Program 2016-2017

We are looking forward to another great year at after school. We will have snacks, activities, and lots of outdoor fun.

This year after school will be in Ms. Penn's room which is located in the main building (Room 10). Ms. Penn and I will be doing after school together. For pick-up you may park at the south end of the building (parking lot in front of new gym) and come in the end door and we will be in the 2nd classroom on left or the big playground.

Time – 3:30 until 5:30

Cost - \$10.00 per day (**Due weekly**)

\$5.00 each for second and third child per day

If a child comes to the after school program and leaves early, the cost will still be \$10.00 for that day. If a child does not come a day, there will be no charge for that day.

Snack – A snack and drink will be provided every day

Homework – Your child will have time to do his/her homework each day, a time will be set aside for this after snack and before free time

Free Time - Activities inside – stories, art and crafts, puzzles, games, watching movies
Play outside – weather permitting

Pick-up-Time – Will be **5:30** everyday. A late fee of **\$1.00 per minute** will be charged after 5:30

Sickness – If your child becomes sick during after school, we will contact you and ask you to pick up your child in a timely manner. This will be for the well being of your child and other children

Please find attached an **information form** to be completed and **return to front office**.

If you have any questions or concerns, please do not hesitate to call me at 229-886-6736 or Ms. Penn at 229-322-4172.

Thank you,

Diane Posey
Deborah Penn

**Crisp Academy After School Registration
2016-2017**

Student _____

Date of Birth _____ Grade _____

Mother _____

Mailing Address _____

Employer _____

Work Phone # _____ Cell # _____

Father _____

Employer _____

Work Phone # _____ Cell# _____

In case of an emergency and neither parent can be reached

Name _____ Phone # _____

Relation to Child _____

ALLERGIES _____

Any additional information _____

CRISP ACADEMY MEDICAL RELEASE FORM

I hereby authorize Diane Posey, Deborah Penn, or person in charge of after school program to seek medical treatment for my child in the event I cannot be reached. I fully understand that I am responsible for any medical bills which may occur due to treatment of my child's injury. To the best of my knowledge, my child has the following allergies to medication, insect bites or stings, and food _____

_____ No known allergies (check here)

I certify that I have read and understand these statements:

Parent Signature _____ Date _____