MIAMI-DADE COUNTY PUBLIC SCHOOLS

FEE-BASED COMMUNITY EDUCATION AND BEFORE AND AFTER SCHOOL PROGRAMS

2018 – 2019

PARENT/GUARDIAN SIGNATURE FORM FOR THE RECEIPT AND ACKNOWLEDGEMENT OF THE COMMUNITY EDUCATION AND BEFORE/AFTER SCHOOL CARE PARENT HANDBOOK

NAME OF SCHOOL: Miami Shores Elementary **LOCATION #** 3341

I verify that I have received, read, and acknowledge the program guidelines and policies outlined in the Community Education and Before/After School Care program 2018-2019 Parent Handbook.

I understand that in order to support the viability of this before and after school program:

- All fees must be paid on time and in full based on the dates and fees posted on the program payment schedule. Failure to make payments may result in your child being withdrawn from the program.
- Credit cards are for tuition only and cannot be used to pay for community education enhancement classes, late pick-up fees, late payment fees, materials fee, or NSF bank fees, as these fees must be paid in person.
- A late pick up fee of $10.00 will be charged (per family) for every 15 minutes that you are late.
- A late payment fee of $10.00 will be charged (per family) for payments not received by the: First day of each service period.
- Any late pick-up or late payment fees must be paid in person within 24 hours of notification or your child may be withdrawn from the program.
- **ELC SUBSIDIZED CHILD CARE TO OFF-SET PROGRAM FEES:** Parents or guardians approved to receive subsidized child care through The Early Learning Coalition of Miami-Dade/Monroe (ELC) must adhere to the guidelines stipulated by this agency. Parents or guardians are responsible for program fees that are in excess of the subsidized voucher amount and/or any program fees that have incurred due to the expiration of their child's ELC voucher.
- All students must adhere to the M-DCPS Code of Student Conduct.
- The Student Accident Insurance that is issued through the District is mandated for all students who wish to enroll in the M-DCPS before and/or after school care program.
- I verify that I have purchased the Student Accident Insurance for my child for the 2018-2019 school year.
- I understand that this signature form will be kept in my child's file as an official document.

STUDENT NAME: _____ **STUDENT ID #:** _____
(PLEASE PRINT) LAST, FIRST

PARENT/GUARDIAN NAME: _____ **DATE:** _____
(PLEASE PRINT) LAST, FIRST

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____