

FRANKTON-LAPEL COMMUNITY SCHOOLS

7916 West 300 North
Anderson, IN 46011-9129
(765) 734-1261 FAX (765) 734-1129

EXTENDED CARE PROGRAMS HOURS OF OPERATION 2008-2009

Before School Extended Care Program

Hours: 6:30 a.m. – 8:25 a.m.

After School Extended Care Program

Hours: 3:00 p.m. – 6:00 p.m.

All Extended Care Programs *will not* operate:

1. when school is canceled
2. on school holidays

Early Release Days:

When school has a scheduled early release day, the After School Extended Care Program ***will*** operate and close at 6:00 p.m.

2-Hour Delay:

When school has been put on a 2-hour delay, parents are encouraged to keep their child(ren) home for the delay, but, if necessary, the Before School Care Program will be open. If the school moves from a 2-hour delay to closing, parents will be notified and asked to pick up their children.

Before and After School Cell Phone Number: Use this cell phone number during Before & After School Program hours.

Lapel Elementary 765-617-9010

Frankton Elementary 765-621-7988

If you have questions, contact your school office or Ruth Iser, Extended Care Director at (765) 734-1261.

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Before & After School Extended Care Program-2008-2009

Purpose: Frankton-Lapel Community Schools Extended Care Program is for students currently enrolled in grades Age 4 Pre-School through Grade 6. These programs are designed to provide quality care for students before the school day begins and after school dismisses when families have a need for child care.

Days & Times:

The program will be in session before the beginning of, and the end of, each elementary school day. The hours of operation are:

Before School Care 6:30 a.m. - 8:25 a.m.

After School Care 3:00 p.m. - 6:00 p.m.

Parents may come into the building with the student in the morning, if they wish, but parents are required to come into the building to pick up a student in the afternoon and sign them out.

Transportation:

Parents are responsible for providing transportation to and from the program.

Registration & Fees:

Registration for the program can be completed during registration or any time during the school year at the *Frankton Elementary* and *Lapel Elementary* school offices. A **completed registration form** and a **\$10.00 registration fee (non-refundable)** are required to enroll a student.

Fees for the program are **\$1.00 per hour per child**. A **\$5.00 late fee every 15 minutes after 6:00 p.m.** will be charged (per family) when you pick up your child(ren) after the 6:00 p.m. closing time.

Payment is required upon receipt of the statement. A biweekly invoice will be issued to the parents for each student. Payment should be returned on the following school day. If payment is not kept current, your child(ren) may not be allowed to continue to attend the program .

Meals:

Breakfast will be available at 8:00 a.m. The cost of the breakfast is \$1.25. Families may apply for free or reduced price meals at the elementary school office. If qualified, a student may receive a free breakfast or pay \$.30 for a reduced price breakfast. A healthy snack and beverage will be provided daily for each child in the After School Program.

Before and After School Cell Phone Number: Use this number to call during Before and After School Program hours.

Lapel Elementary	765-617-9010
Frankton Elementary	765-621-7988

For more information call:

Frankton Elementary (765) 754-7545

Lapel Elementary (765) 534-3101

Ruth Iser, Director of Extended Care (765) 734-1261

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Before & After School Extended Care Program

Enrollment Form 2008-2009

Please enroll my child in the Extended Care Program for the 2008-2009 school year. I understand the guidelines for the program, the cost of the program, and the \$10.00 enrollment fee. I give my permission as follows:

Child's Name _____ Birthdate _____

School _____ Grade _____ Teacher _____

Parent's Name _____

Address _____

Home _____ Cell _____ Work _____
Phone _____ Phone _____ Phone _____

E-Mail Address: _____

Emergency Contacts/Telephone Numbers:

Special Medical/Health need(s):

Enrolled in: _____ A.M. only _____ P.M. only _____ Both A.M. & P.M.

Complete this section if enrolled in After School :

Approximate time your child will be picked up _____

Person picking your child up Relationship Make and model of car

Parent Signature

Date

PLEASE COMPLETE A SEPARATE ENROLLMENT FORM FOR EACH CHILD.

(For school use only)

Registration paid _____ Before School Care _____ After School Care _____