



We offer enrichment time for:

- Academic Extensions
- Technology/Computers
- Media Center
- Homework/Study Skills

Montford Middle School

Before School Enrichment Program 2016-2017

- 7:45-9:00 am daily
- Ten 18 day payment cycles of \$125 for 5 days per week for 180 school days
- \$50 Registration Fee
- Tuition fee \$125 due by August 12, 2016 for August 15, 2016 start date
- Make checks payable to Leon County Schools

Welcome to Montford Middle School! We are proud to offer a **Before School Enrichment Program** for your student. We hope this program will serve as a means to assist our families with before school care while offering well supervised, varied and educational opportunities that will enrich your student with Middle School related activities. We offer activities such as board games, socializing, technology, and homework completion.

Before School Program 7:45 a.m.-9:00 a.m.

Parents may drop students off beginning at 7:45. Students must show their Before School Program Pass (stapled into their planner) to Front Office staff for entry each day.

Montford Middle School
5789 Pimlico Drive
Tallahassee, FL 32309
850-922-6011



For more information contact:
Lynn Wiwi
wiwi@leonschools.net
850-922-6011x2502

PROGRAM SCHEDULE OF FEES:

The school calendar cycle date fees are listed below. **A cycle consists of 18 school days.** There are **10 cycles per school year.** Weekends, holidays, and teacher planning days are not considered school days. **You only pay for actual school days....no holidays.** No credits will be forwarded to the next cycle for days unused.

Cycle payment due dates must be strictly enforced. Failure to receive a reminder does not relieve parent or guardian from payment due dates and late fees. **Tuition payments must be made by check or money order with the student’s name and a telephone number on your check payable to Leon County Schools. Cash is not accepted.** All participants must complete the *Before School Enrichment Program registration form and pay the \$50 non- refundable supply and activity fee prior to program participation.*

All payments must be made BEFORE OR ON THE DUE DATE LISTED BELOW. YOUR CHILD MAY NOT ATTEND UNTIL THE CYCLE PAYMENT FEE IS PAID. There will be a **\$10.00 late fee** for payments received after the payment due date. Leon County Schools policy states that if a check is returned by the bank for non-payment, payment must be made by money order. Sessions are prearranged so days may not be traded or substituted. **NO** refunds are permitted after the first day of each session except for cases of prolonged illness (two weeks or longer) or family relocation. Parents must request the refund.

This program **does not** provide itemized statements for tax refunds. The LCS tax identification number is **LCS 596000709C.** Students will receive a receipt of each payment to return to parents for tax purposes.

PAYMENT DUE DATES 2016-2017

- Cycle 1** August 12 Fri/Mon 15th
- Cycle 2** September 6 Tuesday
- Cycle 3** October 3 Monday
- Cycle 4** October 31 Monday
- Cycle 5** November 28 Monday
- Cycle 6** January 9 Monday
- Cycle 7** February 6 Monday
- Cycle 8** March 6 Monday
- Cycle 9** April 3 Monday
- Cycle 10** May 1 Monday

Payment Cycle Attendance Dates

- August 15 – September 8
- September 9 – October 4
- October 5 – November 1
- November 2 – December 1
- December 2 – January 12
- January 13 – February 8
- February 9 – March 6
- March 7 – April 7
- April 10 – May 3
- May 4– May 30

Full-time Tuition

3-5 Days per week **Full time** cycle fee **\$125.00**

Discounted Tuition Rates

- Students in additional program receive **10% discount for \$112.50** Before School
- **Drop in rate** (2 or fewer days per week) **\$ 10.00 per day**
- **Full-time Students with siblings in the program will receive a 10% discount per child.**
- **Full-time Students with parent employed by LCS will receive a 25% discount/ \$93.75.**

SCHOOL HOLIDAYS

We are only open on regular school days for students. There are no activities planned for teacher workdays or holidays during the school year.

DAILY SCHEDULE

The *Before School Enrichment Program* opens at **7:45 am daily**. Student will be issued a permanent pass (stapled into planner) to enter through the front office in the morning. **Students must sign in each day and daily attendance** will be taken. Students report to **Ms. Wiwi's Room 5-102** upon arrival.

HEALTH

Montford Middle School does not carry accident insurance on participants therefore it is the responsibility of the parent to ensure that your child is covered under your family policy or see about obtaining one through Leon County Schools. Check with the front office for an application.

If a student reports to the *Before School Enrichment Program* ill, a parent will be contacted to pick up your child. Only people listed on the Registration form will be allowed to pick up a student and a photo ID will be checked. If you need a friend, co-worker, or relative to pick up your child and you know that they are not listed on the registration form, call us at **850-922-6011**. The person will be required to show a photo ID. Due to heightened security concerns the school board is strictly enforcing this policy.

LEON COUNTY SCHOOLS BEFORE SCHOOLS POLICY STATEMENT

ELIGIBILITY & ENROLLMENT

Before school participants must be of school age and meet the basic entry-level criteria in all areas of self-care, communication, and social-emotional development. All participants must complete the *Before School Enrichment Program* registration form prior to participation. Due to staffing, we reserve the right to refuse any child who causes **a constant disruption or cannot function independently while in our care**.

DISCIPLINE

To achieve the goal of providing quality programs for children in an environment of cooperation and respect, positive discipline practices are utilized by all members of the *Before School Enrichment Program* Staff. These policies and practices are consistent and conform to our school's discipline policy. If a child chooses not to, or cannot demonstrate appropriate behavior within the program, their behavior will be interpreted to mean that the student does not have the desire to participate in the program. At such time, the child will be dismissed from the program at the request of the Before School Enrichment Program Director or School Principal. Should it be deemed that the participant is capable, but chooses not to behave in an appropriate manner, there will be no refund.

Student Grade _____
Entry Date _____
Registration Fee Paid \$_____
Date _____
Cycle 1 Payment _____
Receipt # _____
Check # _____

**MONTFORD MIDDLE SCHOOL
BEFORE SCHOOL ENRICHMENT PROGRAM
REGISTRATION FORM 2016-2017**

Child's Name: _____ Birthdate: _____

Child's Age: ____ Gender M F Grade: ____ Home Phone: _____

Check box which applies:

- Full-time \$125.00 tuition
- Additional Siblings 10% discount 112.50 tuition
- Additional Program 10% discount \$112.50 tuition
- Leon County Schools Employee 25% discount for full-time \$93.75
- Drop in Student \$10.00 per day

Address: _____ City: _____ Zip: _____

Parent's Name: _____ Work Phone: _____ Home: _____

Cell: _____ Employer: _____

Parent's Name: _____ Work Phone: _____ Home: _____

Cell: _____ Employer: _____

PARENT EMAIL: _____

The following individuals are allowed to drop off or pick up this child and may be contacted in case of emergency:

Name: _____ Relationship: _____ Day Phone: _____

Cell: _____

Name: _____ Relationship: _____ Day Phone: _____

Cell: _____

My child may be in photographs or videos taken during the program. YES ____ NO ____

MEDICAL INFORMATION

List any medications, allergies, or limitations requiring special attention:

My child is considered disabled: _____ Yes _____ No; State disabling condition:

POLICY ACKNOWLEDGMENT

I have read and fully understand the policies outlines in the Before School Policy Statement.

Parent’s Signature: _____ Date: _____

PARENTAL PERMISSION

I approve for my child to sign in each morning, **NO EARLIER than 7:45** and enter school with a pass, through the school office. Parent’s initials: _____

PARENT AND STUDENT CONTRACT 2016-2017

In completing this registration for my child I understand and agree that:

1. Parents understand and **give permission for their student to sign themselves in each morning to the Before School Program.**
2. I must **pay the cycle fees on or before the due dates** regardless of whether my child is in attendance on the due date.
3. A **\$10.00 late fee** will be assessed for any payment received after the indicated due date.
4. If two checks are returned for non sufficient funds, etc. I will be required to pay by money order for the remainder of the **2016-2017** school year.
5. If my child displays unacceptable behavior, the MMS Administrator or Before School Enrichment Program Director reserves the right to permanently dismiss my child from the Before School Enrichment Program.
5. I understand that if my child receives **three** behavior notices or parent contacts, the Before School Director will permanently dismiss my child from the Program.
6. **All school behavior policies and dress code policies apply** to the Before School Program, including **NO CELL PHONES** visible or in use. The use of **school computers** and technology for games is a privilege and all sites must be school appropriate.

I have read the contract and agree to all of the payment and procedure requirements for the program.

Student’s Signature _____ Parent’s Signature _____