**Fairview Middle School’s**

**Before School Program (2025/2026)**

**Fairview Before School Program Cost:** *This is a flat rate each billing cycle.*

|  |  |
| --- | --- |
| **Days Attending** | **7am – 9am** |
| 5 | $100 |
| Drop In | $10 per day |

**Discounts:**

*Only one discount can apply per family*

***10% Sibling Discount*** for any siblings (not applied to the oldest child) of IB ASP students. “Siblings” are defined as current IB students living in the same household and share at least one parent. The accounts of “siblings” must be paid by the same parent. For questions regarding the definition of “sibling”, please see the Director. The discount only applies to the second child.

***LCSB Discount*** for any child of an LCSB employee attending **full time** should be completed before the start of the school year. This is done through the district office.

**Enrollment:**

A non-refundable registration fee of $25 must be attached to the completed enrollment form. Enrollment is first come, first serve. A time stamp will appear when you register on FOCUS.

Your child must have the registration form and fee on file with us if you wish to use the program as a drop-in. Drop-in fees are to be paid within 24 hours of the drop-in.

**Tuition:**

Payments are collected before the billing cycle begins. Payments are late on the first day of the billing cycle. Late fees are $10 each cycle and students may not return to Before School until all fees have been satisfied. All payments must be made on FOCUS by credit card. **NO CASH, CHECKS, OR MONEY ORDERS WILL BE ACCEPTED.**

**Before School Hours:**

The program runs from 7am-8:45am daily. Students may be dropped off at the front of the school. They are buzzed into the front office and will remain in the café until 8:45am.

**Attendance:**

If your child is absent, please email Mr. Fletcher at fletcherc@leonschools.net. If your child is to be released before 8:45am, identification and prior notification will be required in order to release a child to someone other than those listed on the registration form.

**Holiday/Teacher Planning:**

We are closed on all holidays and teacher planning days.

**Discipline Policy:**

Fairview EDEP will not tolerate discipline concerns. Students will be given a warning for the first offense, a parent will be contacted for the second offense, and students will be removed for the remainder of the billing cycle after a third offense. The fees will be forfeited if a student is removed for disciplinary reasons. Students will be allowed to return the following billing cycle.

**Payment Cycle:**

Payments are due prior to the start of each cycle. Late fees will be added on the first day of the cycle.

|  |
| --- |
| **2025-2026 EDEP cycle dates** |
| **Cycle #** | **Start Date** | **End Date** |
| **1** | 08/11/2025 | 09/04/2025 |
| **2** | 09/05/2025 | 09/30/2025 |
| **3** | 10/01/2025 | 10/28/2025 |
| **4** | 10/29/2025 | 12/01/2025 |
| **5** | 12/02/2025 | 01/12/2026 |
| **6** | 01/13/2026 | 02/06/2026 |
| **7** | 02/09/2026 | 03/05/2026 |
| **8** | 03/06/2026 | 04/09/2026 |
| **9** | 04/10/2026 | 05/05/2026 |
| **10\*** | 05/06/2026 | 05/22/2026 |

**Parent Contact:** Before School Program will use the email address in FOCUS for reminders, please make sure you have updated your information.

If you have questions or concerns, contact Charles Fletcher at fletcherc@leonschools.net.

**Fairview Middle School Before School (2025/2026)**

 **Registration Form**

\*\*Please print\*\*

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s current grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Applying for LCSB Discount? NO or Yes 🡪** *School Employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paperwork Attached? Yes or No*

**Applying for Sibling Discount? NO or Yes 🡪** *Name of Sibling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade of Sibling(s)? 6 7 8*

Emergency Contact/pick-up for your child:

|  |  |  |
| --- | --- | --- |
| Name | Daytime Phone | Relationship to the child |
|  |  |  |
|  |  |  |
|  |  |  |

List any information about your child that we may need to be aware of (***including food or other allergies***): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May your child be photographed or videoed during the program for displays, articles, promotions, etc? Yes or No

May your child access school approved internet sites for the purposes of homework, extra practice, or school-related projects? Yes or No

*\_\_\_\_*  (initial ) *I have read and will adhere to the late pick up fees and the late cycle payment fees as listed on the preceding pages.*

\*Both parties responsible for fees must sign. One signature indicates 100% responsibility for payment.

**I would like to register my child for the Before School Program \_\_\_\_\_\_\_**

**I would like to register my child for the Afterschool Program \_\_\_\_\_\_\_**

I have read and fully understand the policies outlined in the Before School handout.

Guardian 1 signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian 2 signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_