**Fairview Middle School’s**

**IB Preparatory After School Program & Before School Program (2024/2025)**

**IB Afterschool Program Cost:** *This is a flat rate each billing cycle.*

|  |  |
| --- | --- |
| **Days Attending** | **4pm-6pm** |
| 5 | $140 |
| 4 | $117 |
| 3 | $93 |
| 2 | $68 |
| Drop In | $14 per day |
| 5pm pick-up (Monday – Friday) | $70 per cycle; $1 per minute Late fee enforced after 5pm. |

**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.

***20% LCSB Discount*** for any child of an LCSB employee attending IB ASP **full time**. A copy of the LCSB badge must be provided along with a letter on letter head from the Principal or Supervisor of the location where currently employed. This letter should verify employment for the 2024 – 2025 school year. This discount only applies to full time district employees.

**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.

You must register for the same days before the start of the billing cycle each week if you will be attending less than 5 days. The attendance may change from billing cycle to billing cycle only.

**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 ASP until all fees have been satisfied. All payments may be made on FOCUS by credit card. Checks or Money Orders are accepted, but we encourage you to use FOCUS. Checks or Money orders need to be made payable to *Leon County Schools)*. **NO CASH WILL BE ACCEPTED AND PLEASE SEE THE ATTACHEMENT ON HOW TO PAY ON FOCUS.**

Receipts are handwritten for checks and money orders and additional copies are NOT available. **Please make sure you file them for tax purposes.**

**EDEP Hours:**

The program runs from 4pm-6pm daily. Students may be checked out from the back of the cafeteria. You may pull your vehicle up to the back door and sign your child out there. There will be a late charge of $1 every minute after 6pm (as shown on the FMS clocks). Students may not return to ASP until all late fees have been satisfied.

**Attendance:**

If your child is absent, please email Mr. Fletcher at fletcherc@leonschools.net. If your child will be picked up by someone other than yourself, or someone on your registration paperwork, please send an email before 4pm to Mr. Fletcher. Identification will be required in order to release a child to someone other than those listed on the registration form.

**Pick Up/Drop Off**

Students will be dropped off (Before School) and picked up (after school) at the back of the cafeteria. A teacher will have your child give a daily report before leaving each day. This “report” will include what homework they completed while in after school, and what homework still needs to be completed.

**Snacks:**

Students may bring a small snack to be consumed between 4 and 4:15pm. Snacks may NOT consist of candy or soda, and should NOT require heating or cooling – there is no place for students to heat or cool food.

**Holiday/Teacher Planning/Early Release Days:**

We are closed on all holidays, teacher planning & early release days.

**Homework Center Rules: (IB Afterschool)**

The IB ASP is designed to strictly support the curriculum provided by the IB Preparatory Program at Fairview Middle School. Students are expected to work on their homework or ongoing projects each day. Students are expected to ask the teachers for help. Students who have completed their homework will be given time to organize their binders, read, or work on long-term projects. Students are not to be on phones or other electronic devices except when used for school purposes.

**Fun Fridays (IB Afterschool)**

Students who are not missing any assignments and have all A’s and B’s and have displayed appropriate behavior throughout the week will be permitted to participate in fun Fridays. Students will be allowed to play board/card games, talk quietly, or sometimes even go outside and play.

**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.

|  |
| --- |
| **2024-2025 EDEP cycle dates** |
| **Cycle #** | **Start Date** | **End Date** |
| **1** | 08/12/2024 | 09/05/2024 |
| **2** | 09/06/2024 | 10/01/2024 |
| **3** | 10/02/2024 | 10/29/2024 |
| **4** | 10/30/2024 | 12/02/2024 |
| **5** | 12/03/2024 | 01/13/2025 |
| **6** | 01/14/2025 | 02/07/2025 |
| **7** | 02/10/2025 | 03/06/2025 |
| **8** | 03/07/2025 | 04/09/2025 |
| **9** | 04/10/2025 | 05/06/2025 |
| **10\*** | 05/07/2025 | 05/23/2025 |

**Parent Contact:** IB ASP and the Before School Program will use the FMS Listserv for reminders, please make sure you have joined the listserv.

If you have questions or concerns, then you may email Charles Fletcher at fletcherc@leonschools.net.

**Fairview Middle School Before School / Afterschool Program (2024/2025)**

 **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 IB Afterschool Program \_\_\_\_\_\_\_**

**I would like my child to attend the IB Afterschool program \_\_\_\_\_\_\_ days per week**

Please circle days of the week the child will attend if less than full time:

Monday Tuesday Wednesday Thursday Friday

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

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

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