

\_\_\_\_\_ Fall Semester

\_\_\_\_\_ Spring Semester

## **PIN OAK MIDDLE SCHOOL AFTERSCHOOL CARE AGREEMENT**

Pin Oak Middle School offers homework support, physical activity, and after school for those parents who are not able to greet their child at the end of the school day at 3:45 p.m. Participating families should carefully read and sign this agreement form which outlines and clarifies the responsibility of after school staff, parents, and students. **No student will be allowed on campus after school without supervision in the after school program.**

### **Pin Oak Middle school agrees to:**

1. **Provide** after school care and activities from 3:45 to 6:00 p.m. on school days that students are in attendance. No weekends, holidays, or last days prior to scheduled holidays and staff development days as specified by the Houston Independent School District's 2010-2011 calendar.
2. Provide staff trained to work with and support students.
3. Provide an after school snack.
4. Provide activities, physical exercise time, and homework support.
5. Adhere to procedures to ensure the safety and security of every student in the program.

### **Pin Oak participating parents agree to:**

1. Pay a fee of \$275.00 for each fall and spring semester to be paid at the start of each semester. **PAYMENT MUST BE MADE IN THE FORM OF MONEY ORDERS OR CASH ONLY- ABSOLUTELY NO CHECKS!!!!** Fall semester must be paid by August 27, 2010. Spring semester must be paid by January 7, 2011. **OR**
2. Pay a fee of \$5.00 per day for after school care to be paid in cash at the time of **pick up. (Note: This option is only available to students attending the after school program for 2 days or less a week!).**
3. Come inside the school to sign out your child. Sign out will be by parent or guardian only, unless previous agreement has been made with the principal and/or after school manager.
4. Provide an emergency contact to pick up your child after 6:00

p.m. If the emergency contact is not available, HISD Police (713-892-7777) will be called to transport the student to Chimney Rock CPS (713-664-5701).

5. Adhere to dismissal times or parents will be charged a late fee. **Late fee pick-up is as follows: \$10.00 per minute for the first five minutes.**

**\$1.00 per minute for each additional minute.**

**(Due at the time of pick up).**

**(Note: Administrative discretion will be used for severe cases such as weather or extenuating circumstances. Continuous late pick-up will cause the student to be dismissed from the program).**

6. Refund Policy is as follows:

Cancellation of program by September 10, 2010/January 21, 2011 - 75% of payment.

Cancellation of program by September 16, 2010/January 18, 2011 - 50% of payment.

Cancellation of program by September 24, 2010/February 4, 2011 - 25% of payment.

Any cancellations after September 24, 2010/February 4, 2011 will not receive any type of refund.

Payment may only be transferred over to the spring semester.

**Pin Oak participating students agree to:**

1. Participate in activities in scheduled classrooms only. Leaving assigned area will be cause for dismissal from the program.
2. Prepare in advance for attendance. Bring books/homework with you. Required study/reading time is an integral part of the after school program. **Going to lockers will not be allowed.**
3. Adhere to rules of the school and school staff at all times.
4. Leave all toys (CD players, electronic games, skateboards, balls, etc.) at home. These items will be confiscated and returned only to the parents/guardian.
5. Students must arrive to House B commons at 4:00 p.m. If student is more than 15 minutes late, they will not be allowed to attend the after school program.

The school staff as per the signature of the principal will adhere to the agreement. The parents will adhere to the agreement and students as noted by their signatures below. The agreement pertains to the fall and spring semesters of the 2010-2011 school year and is agreed upon on the date shown with the signatures. If you have any questions or concerns please feel free to contact the front office at 713-295-6500 ext. 303.

**FALL SEMESTER: Aug 23, 2010-Dec 16, 2011**

\_\_\_\_\_ Date Received

**SPRING SEMESTER: Jan 4, 2010-June 1, 2011**

\_\_\_\_\_ Date Received

Parent Signature Date

Student Signature Date

**PIN OAK MIDDLE SCHOOL 2010-2011 AFTER SCHOOL PROGRAM**

**Name of Student:**

**(Last First M.I.)**

**HISD I.D. #: \_\_\_\_\_**

**2010-2011 Grade Level:**

**Date of Birth: \_\_\_\_\_ Gender: M F**

**Ethnicity: (circle all that apply):**

African-American Asian/Pacific American Indian Hispanic  
Caucasian

**Circle with whom the student lives:**

Both Parents Father Mother

Grandparents

Legal Guardian

**Parent(s)/Guardian's**

**Name: \_\_\_\_\_**

**Home Address:**

**City, Zip Code**

**Home Phone:**

**Parent(s)/Guardian's Work**

**Phone: \_\_\_\_\_**

**Parent(s)/Guardian's Cell**

**Phone: \_\_\_\_\_**

**My child can be released to the following person(s) in case I don't arrive by 6:15 p.m.**

Name: \_\_\_\_\_  
Relation to student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
CellPhone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relation to student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

In case of emergency, hospital preference: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
List any prescription medications your child takes with the dosage:  
List any  
allergies:  
Provide any other information to assist us in case of an emergency: