

# **REBELCARE \* AFTER SCHOOL 2010-2011**

Rebelcare is the after school care program available to all TRA students grades Jr. Kindergarten through 8<sup>th</sup> grade. It is available from 2:50 – 6:00pm daily.

## **SCHEDULE AND FEES**

**Hours of Operation:** Monday - Friday After school care – 2:50 p.m. -6:00 p.m.

**Registration Fee:** \$10.00 per family, NON-REFUNDABLE

<b>Full – Time (4-5 days per week)</b>	1 child	2 children	3 children	4 children
<b>Cost per week:</b>	\$45.00	\$76.50	\$108.00	\$139.50
<b>Part - Time (1-3 days per week)</b>	1 child	2 children	3 children	4 children
<b>Cost per week:</b>	\$30.00	\$51.00	\$72.00	\$93.00

\*If you arrive before 4:00 p.m. there is a flat fee of \$3.00 per child, after 4:00 you will be charged the above scheduled fee. Payment will be required weekly. **After-School Snacks:** A snack will be provided daily. Please make note of any allergies on your registration form.

# **REBELCARE \* SUMMER 2010**

Rebelcare is also available for the summer May 24 – July 30. Rebelcare will be closed May 31 and July 5. Summer care is available for children entering Jr. Kindergarten through students entering 6<sup>th</sup> grade. Weekly activities and field trips are planned!

## **SCHEDULE AND FEES**

**Hours of Operation:** Monday – Friday 7:00 am – 6:00 pm

**Registration Fee:** \$10.00 per child, NON-REFUNDABLE (includes t-shirt)

<b>Cost:</b>	1 child	2 children	3 children
<b>Cost per week:</b>	\$100.00	\$170.00	\$240.00
<b>Single Day:</b>	\$20.00 per child		

\*\*Payment will be required on the last day attending for that week.

**Daily Snacks:** A snack will be provided in the morning & afternoon. Your child will need to bring a sack lunch & drink each day. Please make note of any allergies on your registration form.

## **POLICIES AND PROCEDURES**

**\*\*All policies and procedures expressed in the TRA student handbook apply to the Rebelcare program.**

**Holidays and Inclement Weather:** The program will be available on school holidays & early dismissal days at the discretion of the Rebel Care Director, based on need and a minimum of 15 students. Rebel Care will be closed during inclement weather conditions and will follow the schools policies.

**Pick-Up Authorization:** Only authorized adults designated on the registration form will be allowed to pick up children from the program. If someone other than those listed is to pick up a child, a written note signed by a parent must be given to the program director.

**Late Pick-Up Policy:** For safety and security, any child left on campus beyond regular carpool pick up time or left unattended and unsupervised will be taken to Rebelcare program and parents will be charged accordingly.

**Late Pick-up fee: \$10.00 per 15 minutes after 6:00pm**

**REBELCARE**  
**REGISTRATION**

The non-refundable registration fee must accompany this application.

**Personal Information**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ T-shirt size YS YM YL AS AM AL

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ T-shirt size YS YM YL AS AM AL

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ T-shirt size YS YM YL AS AM AL

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Medical Emergency Permission**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**Pick – Up and Emergency Friends**

Please indicate below who may pick up your child from Rebelcare and who may make emergency decisions for your child.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

My child is allergic to the following: \_\_\_\_\_

Special Concerns/Needs \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

This certifies that permission is given for school authorities to seek emergency medical treatment for the above named student in the event that parents or emergency friends cannot be contacted immediately.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**REBELCARE CONTACT:**

Susan Cranford, Elementary Principal

Phone 829-4221 ext 1310 – E-mail [scanford@rebelmail.net](mailto:scanford@rebelmail.net)

