

Watson B. Duncan Middle School Before & After School Program
2020-2021

Coordinator: Rachel Ellis
rachel.ellis@palmbeachschools.org

Registration Fee: \$300.00* one time per year (Tax ID:59-6000783)

Payable ONLY online via <https://palmbeachschoolcashionline.com> Attach receipt to registration.

*Students who receive free & reduced lunch, there is NO charge with proof at time of registration. Attach award letter to registration.

Program Information:

Before School: Monday- Friday 7:00 a.m.-9:00 a.m.

After School: Monday- Thursday (closed Fridays) 4:05 p.m.-6:00 p.m.

Late Pick up fee: \$10 for every 10 min after 6:00. 3 late pick ups will result in dismissal from program.

Activity Busses depart at 5:15 (1-North, 1- South) *When available*

Last day of all programming: May 28, 2021

Registration is required for the program yearly. Form MUST be completely filled out per child prior to enrolling in the program. To submit your form- print, scan and email to Rachel Ellis at rachel.ellis@palmbeachschools.org or physical forms to the main office.

Student Guidelines & Safety:

Unless a student is registered in before & after school program or participating in a school sanctioned activity, they should not arrive before 9:00 a.m. or remain on campus after 4:35 p.m.

Students in the programs will be required to follow CDC guidelines, wear a mask at all times, follow social distancing and hand washing procedures.

All students must abide by the school code of conduct. Failure to do so will result in:

1st offense- verbal warning from area staff

2nd offense- coordinator intervention

3rd offense- parent contact

4th offense- 1 week suspension from program without refund

5th offense- 9 week suspension from program without refund

Ongoing- removal from program without refund.

The above consequences refer to level one offenses only. Higher level offenses will be considered on a case by case basis.

**FY21 MIDDLE SCHOOL AFTERSCHOOL PROGRAM
REGISTRATION FORM**

**Students eligible for Free/Reduced Lunch may attend Before/Afterschool free of charge.
Please provide a copy of the free/reduced award letter with this registration.**

School: _____ Date: _____

Student's Name: _____ Date of Birth: _____

Grade: _____ ID# _____ Cell Phone #: _____ Other phone #: _____

Student will be (check one): parent pick up _____ activity bus rider (when available) _____

Home Phone: _____ Business Phone: _____

Legal Address: _____

Parent/Guardian: _____

Family Physician: _____

Hospital Preference: _____

Persons authorized* to remove your child(ren) from our program: _____

Name: _____ Phone No. _____

Name: _____ Phone No. _____

Name: _____ Phone No. _____

Contact persons in event of an emergency, if parents cannot be reached. Those listed are authorized to remove my child from the facility in an event of an emergency:

Name _____ Phone No. _____

Address _____ Phone No. _____

Name _____ Phone No. _____

Address _____ Phone No. _____

Do you grant permission to consult your family physician and/or send your child to the hospital emergency room in case of serious illness or accident? Yes _____ No _____

Does your child have any allergies? Yes _____ No _____ if yes, please list them:

Does your child need any medication while in our program? Yes _____ No _____

Does your child have any medical problems of which we should be aware?

Yes _____ No _____

Please specify: _____

Insurance: Company Name: _____ Expiration: _____ Policy No. _____

Signature of Parent/Guardian _____ **Date:** _____

*Unless there is a specific Custody Order from a Florida Court on file at the school, the child may be released to the non-custodial parent.