

Early Release Day

August 30, 2017

Students Dismissed at 11:50 a.m.

Carpool students must be picked up immediately following 11:50 a.m. dismissal.

Bus transportation will be provided as usual at the 11:50 dismissal time, but students will arrive home 2.5 hours earlier than usual.

Lunch will be served before dismissal.

Academic enrichment will be provided from 11:50-2:20 for the cost of \$8.00 per child. Students must stay for the entire enrichment period. Enrichment registration must be completed by Tuesday, August 29 at 2:00 p.m.

Child Care will be provided from 2:20 p.m.-5:50 p.m. The cost is \$20 to register and \$11 for the afternoon. Students cannot stay unless families confirm with Mrs. Allison by 2:00 p.m. on Tuesday, August 29.

Ruppel Academy

Early Release Enrichment and Child Care Confirmation Form

Child's Name _____ Grade _____

_____ **Yes, my child will stay for academic enrichment from 11:50-2:20 p.m. on August 30, 2017.**

Please send your child with a bottled water and a small snack.

Please return this form & payment of \$8.00 to Mrs. Jeanne in the school office before homeroom or during lunch. Confirmation and payment must be received by 2:00 p.m. on Tuesday, August 29.

The following people have permission to pick up my child at 2:20 p.m. in front of the school. There is NO BUS service at 2:20 p.m. on August 30.

*******Students may not stay later than 2:20 p.m. without registering for child care and notifying Mrs. Allison in advance.**

_____ **I want my child to stay in Child Care beginning at 2:20 p.m. on Wednesday, August 30.**

I understand that all students must be picked up from child care no later than 5:50 p.m.

Child care registration must be completed by 2:00 p.m. on Tuesday, August 29. Please send in the one-time registration fee of \$20 with the form located on the reverse side. Mrs. Allison will accept child care registration before school or during lunch.

Families will be expected to pay the \$11 daily child care fee at the time of pick-up.

**JEFFERSON PARISH PUBLIC SCHOOLS
SCHOOL BASED CHILD CARE
REGISTRATION AND HEALTH INFORMATION**

DATE: _____	AMOUNT PAID: _____
SITE: Ruppel	DATE PAID: _____
	Registration check #: _____

Name: _____ Date of Birth: _____ Sex: _____ Age: _____ Grade: _____

Home Address: _____ City: _____ State: **LA** Zip: _____

Mother/ Guardian _____	Cell Phone: _____	Home Phone: _____	Work Phone: _____
Father/ Guardian _____	Cell Phone: _____	Home Phone: _____	Work Phone: _____

CHILD CARE MAY CALL THE FOLLOWING IF I CAN NOT BE REACHED:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Doctor _____	Phone _____	
Hospital _____	Phone _____	

PLEASE NOTE THAT YOUR CHILD WILL NOT BE RELEASED TO ANYONE OTHER THAN THOSE LISTED ABOVE.

EMERGENCY PARENTAL PERMISSION: In case of injury or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the doctor indicated above and to follow his/her instructions. If it is impossible to contact this doctor, the school may make whatever arrangements are necessary. _____ Please initial _____

HEALTH INFORMATION: *Please circle yes or no if any of the following pertains to your child.

MY CHILD HAS/IS:

Allergies	yes *	no	* If yes please list: _____		
Blind/Partial Sight	yes	no	REQUIRES MEDICATION:	yes *	no
Confined to wheel chair	yes	no	Asthma	yes	no
Diabetes	yes	no	Cerebral Palsy	yes	no
Epilepsy	yes	no	Deaf /Hard of Hearing	yes	no
Muscular Dystrophy	yes	no	Severe speech problems	yes	no

* If student is required to take medication during Child Care the proper paper work must be completed and reviewed by the nurse before the student can start the Child Care program. See Director for paper work.

Special Education Classification: _____ Other medical problems: _____

CHILD CARE FEES: NO CASH ACCEPTED/NO REFUNDS/NO CREDITS My Child will attend: (Circle one)

REGISTRATION: \$20.00 CHILD CARE FEES: \$32.00 P.M. PM Care

DROP IN FEES: \$11.00 per child drop in P.M.

All Current Jefferson Parish Public School System Employees will receive a 10% Discount for their children. Proof of employment must be given at registration.

CHILD CARE REGULATIONS: PLEASE READ THE FOLLOWING & THE CHILD CARE PARENT HANDBOOK

- Your child will be released only to persons listed on this registration form.
- All tuition is due on **Monday** or the first school day of the week. A penalty fee of \$5.00 per day/per family will be charged for all late payments including drop-in fees. **If payment is not received by Friday, the student(s) may not attend until payment is made.**
- All checks and money orders must be made payable to the school.
- Any **NSF checks must be cleared with the school account clerk with a fee of 25.00.** Name, address, child's name and phone number must be on all checks.
- A late fee is collected for children picked up after 6 p.m. closing. (\$1.00 for each additional minute) **FEES ARE PER FAMILY.** After 3 occurrences, your child may be dismissed from the Child Care Program.
- No child care will be provided on early release days.
- Discipline problems may result in dismissal from the Child Care Program.
- A charge of \$15.00 is required for additional copies.

I READ THE ABOVE LISTED CHILD CARE REGULATIONS, RECEIVED A COPY OF THE CHILD CARE PARENT HANDBOOK AND UNDERSTAND MY RESPONSIBILITY TO THE PROGRAM.

Parents/Guardians Signature _____ Date _____