

USD 503 AFFORDABLE STUDENT CARE

Student Care is available for children attending USD 503 schools on days when school is in session. Four options are available. The USD 503 Student Care is housed at Lincoln School. However, students in grades K-8th are eligible to participate and transportation is provided to and from all schools.

Before School Care Pre-K – 8th Graders 6:00 am-7:30 am

Fee: \$5/day

Students attending Before School Student Care are brought to Lincoln by their parents and then transported to their school on the bus in time to eat breakfast at their school. Breakfast will be charged on their meal account.

Pre-K Care AM 8:00 am-11:00 am PM 12:20 pm-3:20 pm

Fee: \$10/day

Pre-K students attending preschool at Lincoln are eligible for Student Care for the portion of the day they are not attending preschool.

After School Care Pre-K – 8th Graders 3:30pm-5:30pm

Fee: \$5/day

Students attending After School Care are transported to Lincoln after school. A snack is provided and parents pick up their child(ren) through the Gym entrance on the West side of Lincoln.

Early Dismissal Days Pre-K – 8th Graders

Fee: \$10 1:00-3:30

Students attending After School Care are transported to Lincoln after school. A snack is provided and parents pick up their child(ren) through the Gym entrance on the West side of Lincoln.

- This contract may be terminated by Parent(s)/Guardian(s) or the Provider by giving a one-week written notice in advance of the ending date.
- The Provider may immediately terminate the contract without giving any notice if the Parent(s)/Guardian(s) do not make payments when due **or** due to unmanageable student behavior.
- **These are pay ahead programs. Payment is due on Monday of each week.**
- The student **MUST** be potty trained.
- The signature of the Parent(s)/Guardian(s) to this contract also indicates that they agree to abide by the written policies of the Provider. The Provider may change these written policies as needed.
- Please call 620-421-3510 if anyone other than those authorized will be picking your child(ren) up.

Parent Signature

Child Care Enrollment Form and Contract 2019-2020

Please return this form to Lincoln School Office

Check Session(s)
Needed

PLEASE PRINT CLEARLY	Circle Gender	Grade Level	Check Attending School					Teacher	Before School \$5 6:00am-7:30am	4-Yr old \$10 AM 8:00am-11:00 am	4-Yr old \$10 PM 12:20 pm-3:20pm	After School \$5 3:30pm-5:30pm
			Lincoln	Garfield	Guthridge	Middle School	St. Patrick's					
FILL OUT COMPLETELY	Circle Gender	Grade Level	Lincoln	Garfield	Guthridge	Middle School	St. Patrick's	Teacher	Before School \$5 6:00am-7:30am	4-Yr old \$10 AM 8:00am-11:00 am	4-Yr old \$10 PM 12:20 pm-3:20pm	After School \$5 3:30pm-5:30pm
Child's Name	M											
	F											
	M											
	F											
	M											
	F											

Mother/Guardian _____ Address: _____

Home Phone: _____ Cell: _____ Work #: _____

Business Name: _____ Business Address: _____

Father/Guardian _____ Address: _____

Home Phone: _____ Cell: _____ Work #: _____

Business Name: _____ Business Address: _____

Please list any physical conditions of which we need to be aware: _____

Please list persons who MAY pick student(s) up: _____

Please list persons who may NOT pick student(s) up: _____

***Please call if anyone other than those listed will be picking your child(ren) up.**

Authorization for Emergency Medical Care

In order to meet all legal requirements, I hereby authorize employees and/or representatives of Parsons USD 503 Child Care Program to give consent for any and all necessary medical care for those listed above while in the school district's custody.

Parent Signature Date Doctor

Staff Signature Date

AGREEMENT TO PAY SCHOOL FEES – 2019-20

School _____ Date _____

Student Name _____ Grade _____ ID _____

<u>Obligation Description</u>	<u>Amount Due</u>	<u>Parent Information (please print clearly)</u>	
Preschool Fees	_____	Name _____	
Child Care Fees	_____	_____	
Instrument Rental	_____	Address _____	
_____	_____	City/State/Zip _____	
_____	_____	_____	
Total	_____	Home/Cell Phone _____	Work Phone _____

I understand I am obligated to pay preschool, child care, instrument rental, and any other specified fees for the student mentioned above. In the event I am unable to pay these fees, I hereby agree to work with the school to create a payment plan. I understand that all unpaid fees may be reported to an agency for collection.

_____ Date _____ Signature of Parent/Lawful Custodian _____

_____ Date _____ Signature of School Official _____



PARSONS DISTRICT SCHOOLS - USD 503
2900 Southern, Box 1056
Parsons, KS 67357
620-421-5950