

MADISON ACADEMY

Beyond the Bell

EXTENDED DAY & AFTER SCHOOL PROGRAMS

Little Madison Academy is pleased to offer two programs, *Beyond the Bell Extended Day* & *Beyond the Bell After School*, for families that need care for their children beyond the normal school day. **The Beyond the Bell Extended Day ends at 3:30 and Beyond the Bell After School ends at 5:30.** These programs provide students with a safe, nurturing environment where students will have the opportunity to play and participate in art activities. Your children's social skills will be enhanced with experiences, which foster their individual, developmental, social, and emotional needs. Parents can enroll students from one-to-five days per week by filling out the required Enrollment Form.

- A registration form is required for all students participating in the Beyond the Bell Extended Day and After School Programs. The \$25 registration fee will be waived for any student whose registration form is returned by August 3, 2016. Space is limited. The fee will double after August 10. For those students new to MA who enroll after August 3, registration fee is \$25. Students must be registered to participate in Beyond the Bell programs.
- Beyond the Bell rates are detailed on the registration forms and billed monthly to your MA account on the 12th of the month.
- Beyond the Bell begins promptly at 2:30 for **registered** PK -1st grades.
- Beyond the Bell Extended Day ends promptly at 3:30 and After School at 5:30. Late fees are assessed at a rate of \$1.00 per minute for the first 15 minutes. The next 15 minutes will incur late fees of \$5.00 per minute. After being late 3 times, there will be a two-week suspension of Beyond the Bell. Five times late will be a one-month suspension. Six times late will result in a dismissal from the program. All registered program charges will still apply.
- Students not registered for after school care remaining on campus after 2:45 are required to attend Beyond the Bell unless they are participating in a **faculty/adult supervised** program such as sports, class project, or another enrichment activity offering. You will be charged \$1 per minute per student and a \$50 registration fee charged to your child's account immediately following the first time your child uses the extended day. Immediate effort will be made to contact the parents.

Madison Academy reserves the right to dismiss, without refund, any student for inappropriate or unsafe conduct.

2016-17 ENROLLMENT FORM

Please print and complete one form per student being enrolled.

STUDENT'S NAME _____ GRADE ENTERING _____

PLEASE INDICATE WHICH PROGRAM YOUR CHILD WILL PARTICIPATE IN:

_____ PK – 6th GRADE EXTENDED DAY
2:30-3:30 P.M.

\$5.00 WEEK PER FAMILY

To be billed as \$20 per month, August-April.

This is a weekly fee regardless of days or time of pick up by 3:30.

_____ PK – 6th GRADE AFTER SCHOOL PROGRAM
2:30-5:30 P.M.

**\$13.00 ONE DAY; \$26.00 TWO DAYS; \$65 THREE OR MORE DAYS
PER STUDENT**

To be billed as \$52/\$104/\$260 per month, August-April.

Please circle the days your child will attend.

M T W TH F

_____ 7th – 8th GRADE AFTER SCHOOL PROGRAM
2:50-5:30 P.M.

\$5.00 HOUR

PER STUDENT

Billed monthly August-May at \$6 per hour for actual time used.

For planning purposes, circle the days your child may attend.

M T W TH F

STATEMENT OF FEES

- A registration form is required for all students participating in this program. In addition, the program is subject to a \$25 early registration fee. However, the \$25 registration fee will be waived for any student whose enrollment form is returned by August 3 and the fee will double after August 10. The exception is students who enroll in Madison Academy after August 3.
- The **EXTENDED DAY PROGRAM** ends promptly at 3:30 p.m. and the **AFTER SCHOOL PROGRAM** ends promptly at 5:30 p.m. Pick up after the times for which your child is enrolled a late fee will incur at the rate of \$1.00 per minute for the first 15 minutes and \$5.00 per minute for the next 15 minutes. Three lates will result in a two week suspension, five lates will result in a month suspension, six lates will result in dismissal from the program. All fees enrolled for will still apply.
- PK-6th grade** There are 180 student days in the 2016-17 school year. These are days the students are actually in school and eligible for Beyond the Bell programs. It does not include Fall, Thanksgiving, Christmas, or Spring breaks. It also does not include any other single holidays. You will not be charged for those days. There are no charges in the month of May to account for those vacation days. To simplify billing, and for your budgeting purposes, you will be billed August to April, 20 days per month. Billed on the 12th of each month with payment due by the 10th of the following month to avoid late fees. Billing will automatically post to your account and you will be notified via email of the posting.
- 7th-8th grade** You are charged by the hour for the actual time in program.
- No reduction in fees will be made for absences. Once you commit to a specific number of days per week, you will be billed for those days. If your circumstances change, and you need to add or remove days, please contact the business office immediately. Carol Brittain, Business Office Manager, cbrittain@macademy.org, 256-469-6406.

ALL STUDENTS ATTENDING BEYOND THE BELL EXTENDED DAY AND AFTER SCHOOL PROGRAMS ARE REQUIRED TO FOLLOW ALL SCHOOL AND PROGRAM RULES. BEHAVIORAL PROBLEMS WILL RESULT IN PARENT NOTIFICATION AND POSSIBLE SUSPENSION FROM THE PROGRAM. COSTS WILL STILL INCURR.

PARENT SIGNATURE _____ DATE _____

PARENT PRINT _____ PHONE (C) _____

PARENT EMAIL _____ PHONE _____

2016-17 ENROLLMENT FORM

Please print

STUDENT'S NAME _____ BIRTHDAY _____

ADDRESS _____

PARENTS NAMES

PARENTS PHONES

_____ C _____ Other _____

_____ C _____ Other _____

Please list parent address if different than above and indicate which parent the address belongs to.

Student lives with _____

MEDICAL

Please indicate any known allergies: _____

Medications taking (both prescription and over the counter): _____

PHYSICIAN _____ PHONE _____

PICK-UP

The following person(s) have permission to pick up my child from Beyond the Bell programs. These names should include those who could be contacted in an emergency if we are unable to reach either parent.

NAME

PHONES

_____ C _____ Other _____

_____ C _____ Other _____

_____ C _____ Other _____

PARENT SIGNATURE _____ DATE _____

PARENT PRINT _____ PHONE (C) _____

PARENT EMAIL _____ PHONE _____