



# Covington Elementary School

325 South Jackson Street  
Covington, Louisiana 70433  
(985) 892-4311



Melissa Eason  
Principal

Kristy Winget  
Assistant Principal

Dear Parents,

Welcome to another exciting school year! Covington Elementary will be offering Before School Care and After School Care program again this school year.

WE START THE 2018-2019 SCHOOL YEAR ON THURSDAY, AUGUST 9<sup>TH</sup>, 2017 **BUT WE WILL NOT BEGIN BEFORE OR AFTER SCHOOL CARE UNTIL MONDAY, AUGUST 13<sup>TH</sup>, 2018.** Please make arrangements for those two days before the first day of school.

There is a **registration form to complete and fee** for our program per family (if more than one child attends), \$10.00 for each Before or and After Care or if your child(ren) will be attending both \$15.00.

## **\*\*Before School Care 7:00-7:50am Daily**

The charge for **Before School Care is \$5.00 per day** for regular attendees and **\$6.00 for drop-in** due before they can attend that morning.

FEE Schedule for BSC:

	Full-Time	Part-Time		Full- Time	Part-Time
<b>August 2018</b>	15 days \$75.00	9 days \$45.00	<b>January 2019</b>	18 days \$90.00	11 days \$55.00
<b>September 2018</b>	19 days \$95.00	12 days \$60.00	<b>February 2019</b>	20 days \$100.00	12 days \$60.00
<b>October 2018</b>	21 days \$105.00	12 days \$60.00	<b>March 2019</b>	15 days \$75.00	9 days \$45.00
<b>November 2018</b>	17 days \$85.00	9 days \$45.00	<b>April 2019</b>	16 days \$80.00	9 days \$45.00
<b>December 2018</b>	14 days \$70.00	9 days \$45.00	<b>May 2019</b>	17 days \$85.00	9 days \$45.00

**\*\*BEFORE SCHOOL CARE** Program- Children participating in the BEFORE CARE program will start at 7:00am until school begins at 7:50am. Children must be **WALKED IN TO BSC CLASSROOM AND SIGNED IN** by a parent and/or guardian.

## **\*\*After School Care 3:36-6:00pm Daily**

The charge for **After School Care is \$9.00 a day** for regular attendees and **\$10.00 for drop-ins** due at pick-up that afternoon.

FEE Schedule for ASC:

	Full-Time	Part-Time		Full- Time	Part-Time
<b>August 2018</b>	15 days \$135.00	9 days \$81.00	<b>January 2019</b>	18 days \$162.00	11 days \$99.00
<b>September 2018</b>	19 days \$171.00	12 days \$108.00	<b>February 2019</b>	20 days \$180.00	12 days \$108.00
<b>October 2018</b>	21 days \$189.00	12 days \$108.00	<b>March 2019</b>	15 days \$135.00	9 days \$81.00
<b>November 2018</b>	17 days \$153.00	9 days \$81.00	<b>April 2019</b>	16 days \$144.00	9 days \$81.00
<b>December 2018</b>	14 days \$126.00	9 days \$81.00	<b>May 2019</b>	17 days \$153.00	9 days \$81.00

**\*\*AFTER SCHOOL CARE** program- The after school care program will start at 3:36 when school ends until 6:00pm. **If you arrive after 6:00pm, there is a late fee of \$1.00 a minute for each child till picked up.** Children will be marked in and must be signed out by a parent and/ or guardian. During this time, students will be offered assistance with homework, a snack and juice provided by the cafeteria (no extra charge).

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**\*\*\*AFTER SCHOOL CARE Phone number 373-4649**

**You will need to make some decisions before registering for the program-**

**1<sup>st</sup>) Will your child(ren) be full time (5 days a week) or part-time (3 days a week)?**

If you choose the part-time option, you will need to select the 3 days they will attend and this can only be changed with the director's approval. This change will need to be made at the latest the day before by letter sent with your child(ren) or email to the director.

**2<sup>nd</sup>) Will I be paying monthly (no additional fee) on the 1<sup>st</sup> or Bi-monthly (with a \$5 fee with each payment) on the 1<sup>st</sup> and 15<sup>th</sup>?**

If you are paying monthly, it will be due on the 1<sup>st</sup> of each month or first Monday. If not paid in full by the 3<sup>rd</sup> or the first Wednesday, your child(ren) will not be allowed to attend until paid with a \$5.00 late fee.

If you choose bi-monthly, it will be due on the 1<sup>st</sup> (or first Monday) and the 15<sup>th</sup> (Monday closest to 15<sup>th</sup>) with \$5.00 per payment fee. If not paid by the 3<sup>rd</sup> /18<sup>th</sup> (or first Wednesday after), your child will not be allowed to attend until paid with a \$5.00 late fee.

If your child is registered full time or part time, you will need to pay for the entire month even if they do not attend some days. This may sound harsh but please remember the staff is still here even if your child is not. Our program is entirely run on the fees we take in each month.

**Be aware, if you have a past due balance from the previous school year, it is due the first week of school along with current balance.**

A \$10.00 service charge will be posted to your account for any NSF checks. Please put your child's full name on the memo line on checks and write separate checks for Before School Care and After School Care programs.

***Children who attend our programs must be able to use the restroom facilities without adult assistance.***

In order to ensure the safety of all children, every student is expected to follow the CES rules and regulations. All must adhere to these rules and regulations in order to continue to participate in the program. Students who consistently choose to act in an inappropriate manner at Before or After School Care will not be allowed to attend. Severe infractions may warrant immediate removal from the program.

We pledge to provide a safe and happy environment for your children before and after school each day.

Sincerely,

Candice Baham (Director)

Almetta Sanders (Assistant Director)

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## BEFORE and AFTER SCHOOL CARE Registration Sheet

My child will attend: \_\_\_\_\_ Before care \_\_\_\_\_ After care \_\_\_\_\_ Both

My child will be: \_\_\_\_\_ Full-Time

\_\_\_\_\_ Part-Time (Choose 3 days : \_\_M\_\_T\_\_W\_\_TH\_\_F)

I will be paying: \_\_\_\_\_ Monthly \_\_\_\_\_ Bi-Monthly

I have read and understand all the guidelines of the BEFORE and AFTER care programs and completed the registration sheet and paid the registration fee.

**Parents signature** \_\_\_\_\_

Registration fee paid \_\_\_\_\_

Date

### **Student Information-**

Child's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's work \_\_\_\_\_ Father's Work \_\_\_\_\_

Emergency Name and Phone \_\_\_\_\_

Names of persons who have permission to pick up your child:

\_\_\_\_\_  
\_\_\_\_\_

Is there anyone who does NOT have permission to pick up your child? If YES, please list names and relationships to child.

\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies or other information you feel we may need to know about your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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