



Covington Elementary School

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



Misty Hebbler
Principal

Rainie Hurley
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. This program will be offered to CES students only. WE START THE 2021-2022 SCHOOL YEAR ON Friday, AUGUST 6th, 2021 **BUT WE WILL NOT BEGIN BEFORE OR AFTER SCHOOL CARE UNTIL MONDAY, AUGUST 9TH, 2021.**

There is a **registration form to complete and fee.** Registration fee is \$10.00 per family. If attending both programs the fee is \$15.00 per family.

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

FEE Schedule for BSC:

Full time fee is \$87.00 per child each month.

Part time fee is \$55.00 per child each month. (3 days a week of your choice.)

Drop-in fee is \$6.00 a day per child. Due at drop-off.

****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 GYM AND SIGNED IN** by a parent and/or guardian. **Where: At door A107 behind the gym on Van Buren Street.**

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

FEE Schedule for ASC:

ASC: Phone #985-373-4649

Full time fee is \$155.00 per child each month.

Part time fee is \$99.00 per child each month. (3 days a week of your choice.)

Drop-in fee is \$10.00 a day per child. Due at pick-up.

****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 \$15.00 per interval of 1-15 mins.16-30 mins. 31-45 mins.** Students 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). **Please have ID available at pick-up. Where: At door A107 behind the gym on Van Buren Street.**

*****AFTER SCHOOL CARE Phone number 985-373-4649**

Tuition will be due on the 1st of each month or first Monday. **If not paid in full by the 5th your child(ren) will not be allowed to attend until paid with a \$5.00 late fee.

****Be aware, if you have a past due balance from the previous school year. It will be due at registration along with this year's tuition and registration fees.**

Payments: We will accept cash or checks, and you will receive a written receipt. Please make checks payable to CBSC or CASC.

MY PAYMENTS PLUS is another option for payment. Be sure to click on before or after care when paying. There are buttons for the registration fees and drop-ins.

**** 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.**

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,

Anna Jenkins (Director)

(Anna.jenkins@stpsb.org)

(985-373-4649)

CES 2021/2022 BEFORE and AFTER SCHOOL CARE Registration Form

My child will attend: _____ Before care _____ After care _____ Both

My child will be: _____ **Full-Time** _____ **Drop-in** \$10.00 (Fee due that day.)

_____ **Part-Time** (Choose 3 days: __M__T__W__TH__F)

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.

Parent/Guardian Email _____

Parents/Guardian 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 #

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.

