

Ada Merritt K-8 Center Before and After School Program

660 S.W. 3RD St.

Miami, Florida 33130

Office: (305) 326-0791 Fax: (305) 326-0749

Carmen M. Garcia
Principal

Dr. Rudolph F. Crew
Superintendent

Barbara Garcia
Assistant Principal

Before and After-School Care Program Fees

Fees should be paid in advance in the amount of \$70.00 **bi-weekly** for After School Care, \$40.00 **bi-weekly** for Before School Care and 5 day Story Hour and \$32.00 **bi-weekly** for 4 day Story Hour, or you may choose to pay monthly according to the monthly payment schedule. Cash and money orders are the only forms of payment accepted. Money orders can be made out to Ada Merritt K-8 Center After School Care Program.

Payments are due at least one week in advance of each service period. Every child's fee **MUST BE PAID IN ADVANCE** in order for the Before-After School Age Child Care Program to function properly. Payments must be made on time.

Please be advised that the Before/After School Care Program is self-supporting, and as such, its successful operation is greatly dependant on your support and timely payment of fees.

We greatly appreciate your cooperation in this matter.

Late Payments

Late payments are not allowed. If an account has not been paid as specified in the Program Manual and, therefore, is outstanding at the beginning of a service period, the following will occur:

- **A late fee of \$10.00 will be charged.**
- **The child will not be allowed in the program.**
- **The child will be kept in the office while a parent/guardian or other authorized person is called to pick up the child immediately.**

Please sign and return this form to the Before/After School Age Child Care Program indicating that you have read and understood this notification.

Child's Name: _____

Grade: _____

Signature: _____

Date: _____



**MIAMI-DADE COMMUNITY PUBLIC SCHOOLS
ADA MERRITT K – 8 CENTER**

**FINANCIAL RESPONSIBILITY FORM
BEFORE/AFTER SCHOOL CARE PROGRAM**

I have received, read, and acknowledge the policies outlined in the Parent Information Guidelines for the Ada Merritt K- 8 Center Before/After School Care Program.

- Fees are to be paid on time and in full based on the bi-weekly payment schedule or monthly payment schedule. Failure to make payment prior to the first day of service period may result in the child being withdrawn from the program.
- A late payment fee of \$10.00 will be charged for payments not received prior to the first day of service period.
- There is a late pick up fee of \$10.00 per 15 minutes per family.
- All fees are to be paid in cash or money order.
- Refunds and credits will only be issued if student is absent for 5 days or more consecutively.

I understand that this form will be kept in my child’s file as an official document.

Please print below:

Student’s Last Name,	First Name	Middle Initial
----------------------	------------	----------------

Parent Signature

Date

Parent Signature

Date



**MIAMI-DADE COMMUNITY PUBLIC SCHOOLS
ADA MERRITT K – 8 CENTER
BEFORE/AFTER SCHOOL CARE PROGRAM**

**I HAVE RECEIVED, READ AND UNDERSTOOD THE FOLLOWING FORMS
WHEN REGISTERING MY CHILD IN THE ADA MERRITT K-8 CENTER
BEFORE/AFTER SCHOOL CARE PROGRAM.**

PLEASE INITIAL ON EACH LINE ACKNOWLEDGING THAT YOU HAVE
RECEIVED THE FOLLOWING:

_____ PARENT HANDBOOK

_____ FEE PAYMENT SCHEDULE

_____ INSTRUCTIONS FOR REGISTRY IN THE PROGRAM, GENERAL
INFORMATION AND DISCIPLINE PROCEDURES

**I UNDERSTAND THAT THIS INFORMATION PACKET WILL BE KEPT IN MY
CHILD'S BEFORE/AFTER SCHOOL CARE PROGRAM FILE AS AN OFFICIAL
DOCUMENT:**

STUDENT NAME: _____
(please print)

PARENT'S SIGNATURE: _____

DATE: _____



ADA MERRITT K-8 CENTER

660 SW 3rd Street
Miami, Florida 33130
TEL: (305) 326-0791 FAX: (305) 326-0927

REGISTRATION INFORMATION

Date _____ Grade _____ Age _____ Gender _____ Ethnicity _____
Student's Last Name _____ First Name _____ Middle _____
Date of Birth _____ City _____ Country _____
Address _____ Apt # _____
City _____ State _____ Zip code _____
Home Phone _____ Cell Phone _____ Work Phone _____
Mother Name _____ Phone _____ Cell _____
Place of employment _____ Phone _____
Father Name _____ Phone _____ Cell _____
Place of employment _____ Phone _____

EMERGENCY CONTACTS

(STUDENTS WILL BE RELEASED ONLY TO THE PERSONS LISTED BELOW)

Name _____ Home Phone _____ Cell _____
Name _____ Home Phone _____ Cell _____
Name _____ Home Phone _____ Cell _____
Name _____ Home Phone _____ Cell _____

In the event I cannot be contacted, I authorize the appropriate school official to take steps necessary to seek emergency medical attention. List any known physical or emotional condition(s)/allergies: _____

Family Physician _____ Phone # _____

Parent/Guardian Name _____ Signature _____



**MIAMI-DADE COMMUNITY PUBLIC SCHOOLS
ADA MERRITT K – 8 CENTER
BEFORE/AFTER SCHOOL CARE PROGRAM**

Parents:

The After School Care Program will be using our school's Computer Lab. One of the things the children will be doing while in the lab is surfing the internet. The After School Care Computer Teacher and your child's After School Teacher will be in the room assisting the children and making sure that they are in suitable sites. All of our school's computers are equipped with programs that filter and prohibit access to inappropriate internet sites. In order for us to allow your child to go on the internet we need your consent. **If you agree to allow your child to use the internet please fill out the following information.** We look forward to seeing all of the great work our children will be doing. As always thank you very much for your cooperation.

Here are just a few samples of the websites we will be using with the children:

Yahooligans

PBS Kids

Sesame Street Central

Kids Corner

Starfall, etc.

I, _____, **give** permission for my child _____, to use the internet. I understand that computers will be used only for educational purposes. I also understand that any student misusing the network will lose their privileges to access the internet from the classroom/school environment.

I, _____, **do not give** permission for my child _____, to use the internet. I understand that computers will be used only for educational purposes. I also understand that any students misusing the network will lose their privileges to access the internet from the classroom/school environment.

Child's Name

Parent's Signature

Date



MIAMI-DADE COUNTY PUBLIC SCHOOLS
MEDIA RELEASE PARENTAL CONSENT FORM
Division of Life Skills and Special Projects

(Date)

Dear Parent:

Please be advised that during the year your child may be photographed, video taped or interviewed at various school sponsored events. With your consent, the photograph, video or interview may be reproduced and released for use by the media, i.e., newspapers, brochures, videos, television and through the internet.

Please indicate your preference below.

_____ (Student's Name)	
<input type="checkbox"/> Yes.	My child's photograph/video/interview may be reproduced and released for use by the media.
<input type="checkbox"/> No.	My child's photograph/video/interview may not be reproduced and released for use by the media.
_____ (Signature)	_____ (Date)
Return this signed form to:	
CONTACT PERSON: _____	
SCHOOL NAME: _____	
SCHOOL TELEPHONE: _____	

MIAMI-DADE COUNTY PUBLIC SCHOOLS

ADA MERRITT K-8 CENTER

PARENTAL ACKNOWLEDGMENT FORM

SCHOOL-AGE CHILD CARE PROGRAM

2007-2008 SCHOOL YEAR

I have received, read and understood all the information contained in the parent handbook and payment schedule. My child and I will abide by the policies set forth for the school-age child care program as delineated in the Ada Merritt K-8 Center, Before and After School Care Parent Handbook.

- Fees must be paid on time and in full based on the biweekly or monthly payments schedules. Failure to make payments may result in the child being withdrawn from the program.
- If complete payments are not received prior to the first day of the service period there will be a late payment fee of \$10.00. If partial payment is made, there will still be a late payment fee of \$10.00.
- A late pick-up fee of \$10.00 per 15 minutes per family per occurrence will be applied for any child picked-up after 7:00pm.
- Appropriate student behavior is required to remain in the program. Behavior deemed inappropriate/unacceptable may result in the child being withdrawn from the program.
- Biweekly and Monthly Fee Payment Schedules are to be adhered to.
- Only authorized persons that I have identify in the child's registration card will be allowed to pick-up my child.

I also verify that I have purchased the student accident insurance for this 2007-2008 school year for my child. I understand that this form will be kept in my child's file as an official document and as an agreement on my behalf to comply with all the set policies, procedures and guidelines as outlined in this handbook.

Child's Name: _____

Grade: _____

Parent Name: _____

Date: _____

Parent Signature: _____

Date: _____

STUDENT'S NAME: _____ I.D.# _____

SCHOOL: _____ W.L.# _____

**PARENT/STUDENT ACKNOWLEDGMENT – CODE OF STUDENT CONDUCT
SCHOOL YEAR 2007-2008**

PARENT ACKNOWLEDGMENT

I HAVE REVIEWED AND READ THE CODE OF STUDENT CONDUCT AND I AM AWARE OF THE CONSEQUENCES. SHOULD MY CHILD COMMIT ANY VIOLATION OF THIS CODE DURING THE SCHOOL YEAR 2007-2008.

PARENT

STUDENT ACKNOWLEDGMENT

I HAVE RECEIVED A COPY OF THE CODE OF STUDENT CONDUCT AND I UNDERSTAND THAT I MUST ADHERE TO ITS RULES AND REGULATIONS. SHOULD I VIOLATE ANY OF THESE RULES, I AM AWARE OF THE CONSEQUENCES.

STUDENT



**MIAMI-DADE COMMUNITY PUBLIC SCHOOLS
ADA MERRITT K – 8 CENTER
BEFORE/AFTER SCHOOL CARE PROGRAM**

May 25, 2007

Dear Parents:

Fees should be paid in advance in the amount of \$70.00 **bi-weekly** for After School Care, \$40.00 **bi-weekly** for Before School Care and five day Story Hour and \$32.00 **bi-weekly** for four day Story Hour, or you may choose to pay monthly according to the monthly payment schedule. Cash and money orders are the only forms of payment accepted. Money orders can be made out to Ada Merritt K-8 Center After School Care Program. School Insurance is made mandatory by Miami Dade County Public Schools when registering for the Before and After School Care Program. A \$10.00 check or money order; made out to School Insurance of Florida is required prior to entering the Before and After School Care Program.

The Before and After School Care Program will be offering Community Classes for an additional fee of \$5.00 per class per session in addition to the Before and After School Care fee. Before registering for any community classes; children must be registered with the Before and After School Care Program. If you are interested in registering your child for any of the Community Classes listed below; please mark an X in the box indicating the Community Class you are selecting. There is a minimum of twelve (12), and a maximum of fifteen (15) students per Community Class. Schedules are subject to change depending on the amount of students registered in each Community Class. For any Community Class not meeting the minimum twelve (12) student requirement, that class will be cancelled until enough students register to open the class. Depending on the Community Class you choose there may be certain materials and/or uniform needed prior to entering the class.

Registration for the Before and After School Care Program will begin on Monday, July 23, 2007 until Friday, August 17, 2007 from 9:00am - 3:00pm. Remember, even if your child was already registered in the Before and After School Care Program for the 2006-2007 school year, you must register your child again in the Before and After School Care Program for the 2007-2008 school year. We encourage everyone interested in registering for the Before and After School Care Program to come in and register sooner than later due to limited space. If you have any questions or concerns please feel free to contact the Before and After School Care Office at (305) 326-0791 ext: 2069.

Thank you,

Carmen M. Garcia
Principal



**MIAMI-DADE COMMUNITY PUBLIC SCHOOLS
ADA MERRITT K – 8 CENTER
BEFORE/AFTER SCHOOL CARE PROGRAM**

The following community classes will be offered next school year. The times and days will be available during the first week of classes. Registration will begin August 20, 2007.

- **Latin Band (Reyes)**
- **Violin (Reyes)**
- **Viola/Bass (Reyes)**
- **Flamenco (Fleitas)**
- **Karate (Gonzalez)**
- **Reading Tutoring**
- **Math Tutoring**
- **Spanish Tutoring**
- **Portuguese Tutoring**