

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

Alberto M. Carvalho
Superintendent

Barbara M. Garcia
Assistant Principal

Before and After-School Care Program Fees

Fees should be paid in advance in the amount of \$90.00 **bi-weekly** for After School Care (regular student rate), \$80.00 **bi-weekly** for After School Care (free or reduce lunch student rate), \$50.00 **bi-weekly** for Before School Care or 5 day Story Hour. 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: _____

Parent/Guardian 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 Failure to make payment prior to the first day of service period may result in the child being withdrawn from the program.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

MIAMI-DADE COUNTY PUBLIC SCHOOLS

FEE-BASED COMMUNITY EDUCATION AND BEFORE AND AFTER SCHOOL PROGRAMS

2016 – 2017

PARENT/GUARDIAN SIGNATURE FORM FOR THE RECEIPT AND ACKNOWLEDGEMENT OF THE COMMUNITY EDUCATION AND BEFORE/AFTER SCHOOL CARE PARENT HANDBOOK

NAME OF SCHOOL: Ada Merritt K-8 Center LOCATION # 3191

I verify that I have received, read, and acknowledge the program guidelines and policies outlined in the Community Education and Before/After School Care program 2016-2017 Parent Handbook.

I understand that in order to support the viability of this before and after school program:

- All fees must be paid on time and in full based on the dates and fees posted on the program payment schedule. Failure to make payments may result in your child being withdrawn from the program.
- A late pick up fee of \$10.00 will be charged (per family) for every 15 minutes that you are late.
- A late payment fee of \$10.00 will be charged (per family) for payments not received by the: end of the scheduled payment week.
- **ELC SUBSIDIZED CHILD CARE TO OFF-SET PROGRAM FEES:** Parents or guardians approved to receive subsidized child care through The Early Learning Coalition of Miami-Dade/Monroe (ELC) must adhere to the guidelines stipulated by this agency. Parents or guardians are responsible for program fees that are in excess of the subsidized voucher amount and/or any program fees that have incurred due to the expiration of their child's ELC voucher.
- All students must adhere to the M-DCPS Code of Student Conduct.
- The Student Accident Insurance that is issued through the District is mandated for all students who wish to enroll in the M-DCPS before and/or after school care program.
- I verify that I have purchased the Student Accident Insurance for my child for the 2016-2017 school year.
- I understand that this signature form will be kept in my child's file as an official document.

STUDENT NAME: _____ STUDENT ID #: _____
(PLEASE PRINT) LAST, FIRST

PARENT/GUARDIAN NAME: _____ DATE: _____
(PLEASE PRINT) LAST, FIRST

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS

FEE-BASED COMMUNITY EDUCATION AND BEFORE AND AFTER SCHOOL PROGRAMS

2016 - 2017

ANNUAL PROGRAM - BI-WEEKLY PAYMENT SCHEDULE

ELEMENTARY, K-8, AND MIDDLE SCHOOL STUDENTS

BI-WEEKLY PAYMENT DUE DATE	BI-WEEKLY SERVICE PERIOD	NUMBER OF DAYS IN EACH SERVICE PERIOD	PER STUDENT FEE FOR EACH SERVICE PERIOD AND PROGRAM			
			BEFORE SCHOOL PROGRAM BEFORE CARE \$5.00 RATE MTWRF	AFTER SCHOOL PROGRAM 5 DAY STORY HOUR \$5.00 RATE MTFRF	AFTER SCHOOL PROGRAM FREE OR REDUCED LUNCH \$8.00 RATE MTWTF	AFTER SCHOOL PROGRAM REGULAR \$9.00 RATE MTWTF
MONDAY, AUGUST 22	AUG. 22 TO SEPT. 02	09	\$45.00	\$45.00	\$72.00	\$81.00
MONDAY, AUGUST 29	SEPT. 05 TO SEPT. 16	09	\$45.00	\$45.00	\$72.00	\$81.00
MONDAY, SEPTEMBER 12	SEPT. 19 TO SEPT. 30	10	\$50.00	\$50.00	\$80.00	\$90.00
MONDAY, SEPTEMBER 26	OCT. 03 TO OCT. 14	08	\$40.00	\$40.00	\$64.00	\$72.00
MONDAY, OCTOBER 10	OCT. 17 TO OCT. 28	10	\$50.00	\$50.00	\$80.00	\$90.00
MONDAY, OCTOBER 24	OCT. 31 TO NOV. 11	08	\$40.00	\$40.00	\$64.00	\$72.00
MONDAY, NOVEMBER 07	NOV. 14 TO NOV. 25	07	\$35.00	\$35.00	\$56.00	\$63.00
MONDAY, NOVEMBER 21	NOV. 28 TO DEC. 09	10	\$50.00	\$50.00	\$80.00	\$90.00
MONDAY, DECEMBER 05	DEC. 12 TO DEC. 23	10	\$50.00	\$50.00	\$80.00	\$90.00
MONDAY, DECEMBER 19	JAN. 09 TO JAN. 20	09	\$45.00	\$45.00	\$72.00	\$81.00
TUESDAY, JANUARY 17	JAN. 23 TO FEB. 03	09	\$45.00	\$45.00	\$72.00	\$81.00
MONDAY, JANUARY 30	FEB. 06 TO FEB. 17	10	\$50.00	\$50.00	\$80.00	\$90.00
MONDAY, FEBRUARY 13	FEB. 20 TO MAR. 03	09	\$45.00	\$45.00	\$72.00	\$81.00
MONDAY, FEBRUARY 27	MAR. 06 TO MAR. 17	10	\$50.00	\$50.00	\$80.00	\$90.00
MONDAY, MARCH 13	MAR. 20 TO MAR. 31	09	\$45.00	\$45.00	\$72.00	\$81.00
MONDAY, MARCH 27	APR. 03 TO APR. 14	05	\$25.00	\$25.00	\$40.00	\$45.00
MONDAY, APRIL 03	APRIL 17 TO APR. 28	10	\$50.00	\$50.00	\$80.00	\$90.00
MONDAY, APRIL 24	MAY 01 TO MAY 12	10	\$50.00	\$50.00	\$80.00	\$90.00
MONDAY, MAY 08	MAY 15 TO MAY 26	10	\$50.00	\$50.00	\$80.00	\$90.00
MONDAY, MAY 22	MAY 29 TO JUNE 08	08	\$40.00	\$40.00	\$64.00	\$72.00
	TOTAL	180	REGULAR STUDENT RATE IS \$5.00	REGULAR STUDENT RATE IS \$8.00	FREE AND REDUCED LUNCH STUDENT RATE IS \$8.00	REGULAR STUDENT RATE IS \$9.00

EMERGENCY STUDENT DATA FORM

School No./Name _____ I.D. Number _____ Grade ____ Section _____

Student Last Name _____ APP _____ First Name _____ Middle Name _____

Address _____

Indicate primary contact phone number to be used for emergencies and automated messaging: _____

Last Name _____ First Name _____ Relation _____ Place of Employment _____

Telephone _____ Cell Phone _____ Email _____

Last Name _____ First Name _____ Relation _____ Place of Employment _____

Telephone _____ Cell Phone _____ Email _____

Is either parent in the Military? Y _____ N _____ Branch _____

Kindergarten Only: Was the child in pre-school or child care? Yes _____ No _____

Was the full cost paid by you? Yes _____ No _____ What type? Headstart _____ ESE _____ Migrant _____ Other _____ Unknown _____

EMERGENCY CONTACT INFORMATION: Additional data is requested in the event of an emergency illness of your child. It is the parent's legal responsibility to assume medical and transportation for your child. In the event that parents of child cannot be reached, provide contact information below of two persons, by order of priority.

(Name) _____ (Relation to Student) _____ (Address) _____ (Phone at Work) _____

(Name) _____ (Relation to Student) _____ (Address) _____ (Phone at Work) _____

Family Doctor _____ Phone _____ Preference of Hospital _____ Phone _____

Student health/allergy data which should be known in an emergency: _____

AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: Please provide the names of persons authorized or not authorized to take your child from school during the school day. Note that persons listed as emergency contacts are not authorized to pick up your child, unless listed in this section.

Authorized: _____

Authorized: _____

Not Authorized: _____

Not Authorized: _____

IT IS THE PARENT'S RESPONSIBILITY to inform the school in person of any changes in the information listed on this form. Under penalties of perjury, I declare that I have read the foregoing (document) and that the facts stated in it are true.

Date: _____ Printed Parent Name: _____

Parent's Signature Verification: _____

Parents/guardians have the right to review the professional qualifications of their child's classroom teachers(s) including the licensing status, degree major, graduate degree(s) and the field of certification. This "right to know", available from your child's school, includes whether your child is receiving services provided by paraprofessionals and, if so, their qualifications.

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree under Fla. Stat. §837.06, or whoever makes a false verified declaration is guilty of the crime of perjury, a felony of the third degree, under Fla. Stat. §92.525, which are punishable as provided in Fla. Stat., §§775.082, 775.083, and 775.084.

The Emergency Student Data Form governs early release withdrawal of the student. The person who signs/verifies this form is responsible for providing truthful and accurate information. If the student's parents are divorced or separated, the enrolling parent is responsible for providing information that is consistent with the most recent court order governing such matters as divorce, separation or custody.

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Grade: _____

Parent/Guardian Signature: _____

Date: _____



**MIAMI-DADE COMMUNITY PUBLIC SCHOOLS
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Please print below:

Student's Last Name,

First Name

Middle Initial

Parent 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**

**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: _____



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 Activity Leader 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)

— Yes. My child's photograph/video/interview **may** be reproduced and released for use by the media.

— 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
MEDIA RELEASE PARENTAL CONSENT FORM
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(Signature)

(Date)

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ADA MERRITT K – 8 CENTER
BEFORE/AFTER SCHOOL CARE PROGRAM**

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(please print)

PARENT'S SIGNATURE: _____

DATE: _____



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ADA MERRITT K – 8 CENTER
BEFORE/AFTER SCHOOL CARE PROGRAM

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Child's Name

Parent's Signature

Date