

Student Name: _____ Grade and House: _____

OFFICE USE ONLY:

Fall Semester Paid: _____ Drop-in: _____

Spring Semester Paid: _____

PIN OAK MIDDLE SCHOOL 2024-2025 AFTER-SCHOOL CARE AGREEMENT

Pin Oak Middle School offers an after-school care program for students whose parents are not able to greet their child at the end of the school day at 4:00 p.m. Participating families should carefully read and sign this agreement form which outlines and clarifies the responsibility of after-school staff, parents, and students. No student will be allowed on campus after school without supervision.

Pin Oak Middle School agrees to:

- Provide after-school care from 4:00 to 6:00 p.m. on school days that students are in attendance.
- Provide staff trained to work with and support students.
- Ensure the safety and security of every student in the program.
- Provide an after-school snack.

Pin Oak participating parents agree to:

- Pay a fee of **\$600.00 for fall semester** and/or **\$600 for Spring Semester** to be paid in full at the start of each semester. **Payment must be made online with School Pay.** Fall semester deadline is Wednesday, August 5, 2024. Spring semester deadline is Friday, December 20, 2024 **OR**
- Pay a **\$25.00** daily drop-in fee for after-school care to be **paid online with SchoolPay.com by the parent before staying** in the aftercare program.
- Come inside the school to sign out your child. Sign out will be by parent or guardian only, unless previous agreement has been made with the principal and/or after-school program manager. **Students are expected to sign in with their assigned teacher and remain in the classroom until signed out by their parent or guardian.**
- Provide an emergency contact name and phone number in the event your child is not picked up by 6:00 p.m. If the emergency contact is not available, HISD Police (713-892-7777) may be called to transport the student to Chimney Rock CPS (713-664-5701).
- **Pick up after 6:01 pm will result in a \$25 late fee, due at the time of pick up.** Late fees are to cover the additional teacher extra duty and support staff overtime required to care for the student. However, administrative discretion will be used for cases such as weather or extenuating circumstances. Continuous late pick-up may cause the student to be removed from the program.

Refund Policy is as follows:

- No refunds after February 10. Refund before February 10 will be based from days of attendance @ \$25 a day.

Pin Oak participating students agree to:

- Arrive in the cafeteria commons by 4:05 p.m. **Students must sign in upon arrival to the program.** Students who are habitually tardy may be removed from the program.
- **Upon signing in, students must remain with their assigned teacher** until signed out by their parent or guardian or unless given written permission by the coordinator of the program.
- Prepare in advance for attendance. Bring books/homework with you.
- Adhere to rules of the school and school staff at all times.
- Leave all toys and electronics at home. These items will be confiscated and returned only to the parents/guardian.

The school staff agrees to adhere to the agreement. The parents and students, as noted by their signatures below, will adhere to the agreement as set forth above. The agreement pertains to the fall and spring semesters of the 2024-2025 school year and is agreed upon on the date shown with the signatures noted below. If you have any questions or concerns please feel free to contact the front office at 713-295-6500.

Parent Signature

Date

Student Signature

Date

PIN OAK MIDDLE SCHOOL AFTER-SCHOOL PROGRAM CONTACT INFORMATION

Name of Student: _____

Last	First	M.I.
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HISD I.D.#: _____ **Grade Level and House**

Date of Birth: _____ **Gender:** M F (circle one)

Parent(s)/Guardian's Name: _____

Home Address:

City **State** **Zip Code**

Home Phone

Work Phone

Cell Phone

Email address

My child can be released to the following person(s) in case I don't arrive by 6:00 p.m.

1. Name: _____

Relation to student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

2. Name:

Relation to student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

In case of emergency, hospital preference:

Insurance:_____Policy#:

Doctor's Name: _____ Phone: _____

List any prescription medications your child takes with the dosage:

List any allergies: _____

Provide any other information to assist us in case of an emergency: