Student Name:	Grade and House:	OFFICE USE ONLY: Fall Semester Paid: Drop-in: Spring Semester Paid:
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PIN OAK MIDDLE SCHOOL 2019-2020 AFTER-SCHOOL CARE AGREEMENT

Pin Oak Middle School offers after-school care for those parents who are not able to greet their child at the end of the school day at 3:50 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. The list of dates that ASP is not offered can
 be found on the Pin Oak Middle School's website.
- 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 \$350.00 per semester (fall and spring) to be paid in full at the start of each semester. Payment may be made online with School Pay. Fall semester deadline is Friday, August 30, 2019. Spring semester deadline is Friday, January 10, 2020 OR
- Pay a fee of \$5.00 per day (drop-in fee) for after-school care to be paid in cash at the time of pick-up or online with SchoolPay 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).
- <u>Pick up no later than 6:00 or parents will be charged a late fee of \$25</u>. 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:

- Cancellation of program by September 27, 2019/February 7, 2020–75% of payment.
- Cancellation of program by October 25, 2019/March 13, 2020 50% of payment.
- Cancellation of program by November 22, 2019/April 17, 2020 25% of payment.
- Any cancellations after November 22, 2019/April 24, 2020 will not receive a refund.

Pin Oak participating students agree to:

- Arrive in the cafeteria commons by 3:55 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, Tony D'Angelo primary, Norma Ruiz alternate.
- Prepare in advance for attendance. Bring books/homework with you. Going to lockers after sign-in will not be allowed.
- 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 2019-2020 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.#:	_				
Date of Birth:					
Parent(s)/Guardian'	's Name:				
Home Address:					
		City	State	Zip Code	
_	Home Phone	Work Pho	one	Cell Phone	
	Email address				
	ased to the following person(s) in case I don't	t arrive by 6:00	p.m.	
v	more of the roll of the property of	•	·	•	
Home Phone:	Cell Phone:		_ Work Phone:		
Email:					
Home Phone:	Cell Phone:		_ Work Phone:		
Email:					
In case of emergency	y, hospital preference:				
Insurance:	Policy#:				
Doctor's Name:			Phone:		
List any prescription r	medications your child takes wit	h the dosage:			
List any allergies:					
Provide any other info	ormation to assist us in case of a	n emergency:			