



Harvard Elementary School Eagle's Nest REGISTRATION GUIDE 2020-2021

AVAILABLE ONLINE BEGINNING OCTOBER 15

DOWNLOAD COMPLETE REGISTRATION GUIDE FROM <http://www.houstonisd.org/domain/39436>

NOTE: All Registrations are on a first come first serve basis. PAYMENTS TO BE PAID VIA SCHOOLPAY

Registration Info	Dates	Where
SchoolPay Registration Payment \$15.00 Registration Fee	Beginning Oct. 15	Online
2020-2021 Extended Day	October 26 – June 11	On Site

After School Ext Day until 5:00 OR 6:00 for 2020-2021

Ext day (139 days) One time Registration Fee \$15.00	Monthly Cost Full Time until 6:00	Monthly Cost Half Time until 5:00	Due Dates
October 26-30	\$57.50	\$54.00	October 15
November 2-20	\$206.00	\$193.00	November 1
November 30-Dec. 18	\$206.00	\$193.00	December 1
January 4-28	\$206.00	\$193.00	January 1
February 1-26	\$206.00	\$193.00	February 1
March 1-31	\$206.00	\$193.00	March 1
April 2-30	\$206.00	\$193.00	April 1
May 3-30	\$206.00	\$193.00	May 1
June 1-11	\$103.50	\$97.20	June 1
Total for 2020-2021	\$1603.00	\$1502.20	
Occ Ext Day until 6:00 (5 Units)	\$65.00/set	Full Payment due at time of purchase	

Do not delay...register ASAP so that your services may begin on Monday, October 26.

NOTE: All Staff are HISD Employees fully trained with accordance to HISD Guidelines

Registration includes the following:

Registration Form, Authorization/Pick Up Form,
Agreement and Payment via schoolpay by Oct. 19

Extended Day Payment Plan for 2020-2021:

Payment Plan listed in Table Above

Spring 2020 outstanding balances

*Please pay your balance from Spring 2020
via schoolpay before registering for 2020-2021*

Questions: Contact Sylvia Ponce de Leon, Director: ciasp2@sbcglobal.net OR 713-529-3507
Contact Erick Vazquez, Coordinator or Eagle's Nest Bookkeeper: heeaglesnest@sbcglobal.net OR 713-556-2249

This form is to notify ASP Administration of my intended Ext Day Option. However, I understand I must log onto schoolpay.com to submit my payment. My payment will verify my registration. I understand that I will not be provided services if I do not pay via schoolpay.com by Oct. 22 for services to begin Oct. 26.

You are to download, fill out, scan and email to: heeaglesnest@sbcglobal.net

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AFTER SCHOOL PROGRAM EXTENDED DAY OPTIONS 2020-2021

October 26 – June 11

If you wish to withdraw during the school year, please submit in writing a request for withdrawal. If you wish to reinstate, there is a \$25.00 reinstatement fee.

Extended Day Program

(√ Select One Option: Full OR Half Time Ext Day OR Occ Ext Day)

Activities include homework assistance and Indoor/Outdoor Activities

	Full Time Ext Day until 6:00 PM: Payments are due as listed on the Front Cover Page. Please refer to the front cover page. (Total Cost: \$1603.00 PLUS one time registration fee of \$15.00)
	Half Time Ext Day until 5:00 PM: Payments are due as listed on the Front Cover Page. Please refer to the front cover page. (Total Cost: \$1502.20 PLUS one time registration fee of \$15.00)

	√5 Units	√10 Units	√15 Units	√20 Units	√25 Units
Occ Ext Day until 6:00 One Time Supply Fee is also due. See school pay for info on this fee.	\$65.00	\$130.00	\$195.00	\$260.00	\$325.00

- * I have selected above my option (Full Time or Half Time Ext Day OR Occ Ext Day).**
- * I understand the payment schedule as posted on the front cover page of this packet.**
- * I will pay via schoolpay by the deadline dates listed for each month or services will be suspended.**
- * I am submitting the following forms via email to heeaglesnest@sbcglobal.net:**
 - 1. Page 2: Ext Day Option Form**
 - 2. Page 3: Authorization/Emergency form**
 - 3. Page 4-5 Agreement**

Student Name: _____

Grade Level: _____

Classroom Teacher: _____

Parent Name _____ **Signature** _____ **Date** _____

Person(s) Responsible for bill and contact info: _____

Person(s) Responsible for bill and contact info: _____



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Authorization Emergency Form – 2020-2021

Only the individuals listed on the Tuition Fee Payment Form are authorized to make any changes to this form.

Student Name _____ Grade Level 2020-2021 _____ Homeroom Teacher (office only) _____

Father's Name _____ Mother's Name _____

Father's Home Phone# _____ Father's Work Phone# _____ Father's Cell Phone# _____

Mother's Home Phone# _____ Mother's Work Phone# _____ Mother's Cell Phone# _____

Individuals authorized to pick up my child are:

Name _____ Work Phone # _____ Home Phone# _____ Other Phone# _____

Name _____ Work Phone# _____ Home Phone# _____ Other Phone# _____

Name _____ Work Phone# _____ Home Phone# _____ Other Phone# _____

Name _____ Work Phone# _____ Home Phone# _____ Other Phone# _____

My child is allergic to the following: _____

Please note:

1. It is important you notify the After School Program **in writing** when you have updated information such as an address change, individuals you authorize to pick up your child, foods your child may be allergic to, etc.
2. On any given day someone **NOT** listed on the ASP Authorization/Emergency Form needs to pick up your child, the After School Office must receive notification in writing (no later than 1:00 PM from the parent or the individual registering the student. You **MUST** notify the After School Office as follows:
 - A. email this notification to: heeaglesnest@sbcglobal.net
 - B. Fax it to: 713-867-5215 and address the note to the attention of After School Program.
 - C. Drop off a note in the After School Program box located in the front school office.
 - D. Drop off a note in the After School Program office.
3. Please be aware that we will NOT release your child to anyone unless we have it in writing. We will not make any exceptions. **Also: we will not release your child to anyone under the age of 18.**



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Contract Agreement/Safety Plan 2020-2021

By signing below, I understand the contents of this registration packet and agree to the following for the 2020-2021 School Year. Disregard of this contract and/or the contents in the registration packet will result in immediate dismissal from the Harvard Elementary School Eagle's Nest (After School Program).

1. I understand I am presently enrolling **for the school year 2020-2021**. Also, I understand that if I do withdraw and re-enroll, there is a \$25.00 Reinstatement Fee I will be assessed.
2. **TIMELINES**: I have received a copy of the timeline with all important dates, including registration dates, payment due dates, and the dates Extended Day begins and ends. (Timeline is on front cover.)
3. **CLASS TIMES**: I understand the times of Extended Day for the option I have chosen.
4. **PAYMENTS VIA SCHOOLPAY**: *(Please initial each item below on the line)*
☐ **MUST BE SUBMITTED** via schoolpay ONLY.
☐ I will be assessed a monthly late fee of \$10.00 after each due date if I fail to submit my payment as listed on the front cover page.
☐ I understand that after school services may be suspended if I do not pay my bill on time. In addition, any accounts with **outstanding balances of \$100.00 or greater remaining after Dec. 13 will be assessed a \$25.00 fee which will be rolled over to the Spring 2020 semester**. Failure to meet your financial obligations may result in suspension of services.
5. **ADD/DROP**: I understand that if I do withdraw and re-enroll, there is a \$25.00 Reinstatement Fee I will be assessed.
6. **PRORATIONS**: **There will be no refunds or credits in the event of HISD canceling after-school for inclement weather or any other extenuating circumstances or if your child is absent from the school or after school.**
7. **OCCASIONAL DAYS**:
 - If I purchase Occasional Days and all units are used, another 5-Unit Occasional Card will be **automatically billed** to my account, which I am responsible for the cost.
8. **PICK UP AT ASP CARLINE**: Either myself or other individuals authorized to pick up my child **must be prepared to show their ID. SHOWING PHOTO ID IS MANDATORY.**
9. **LATE PICK UP**:
 - If my child is picked up after 6:00 PM I understand I will be assessed a late pickup fee of **\$2.00/minute and the fee is to be paid via schoolpay.**
 - When I am late picking up my child from Half-Time I understand I will be **automatically issued a set of 5-Units** which provides supervision until 6:00 PM.
 - After the 5th late pick-up I may be asked to make other arrangements for After School Child Care.
 - The official time for our after school program will be gauged by the school clock.
 - **Please Note: If late pick-up fees are not paid within 24 hours, the fee is automatically doubled** (must be paid via schoolpay only).



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Contract Agreement/Safety Plan 2020-2021

10. **CHANGES IN HOW A STUDENT GETS HOME:** I MUST notify the ASP Coordinator in writing (phone calls **not** accepted) via faxed or written note dropped off in the **ASP Office or in the ASP Box** (located in front school office) OR via email @ heeaglesnest@sbcglobal.net for **ANY** changes in how my child gets home. ONLY the adult who registers the child is authorized to make changes in regards to pick up arrangements. **Without written permission, my child will not be permitted to leave.**
11. **BEHAVIOR EXPECTATIONS:** The HISD Code of Student Conduct will serve as the basis for all discipline expectations to ensure the safety of all students and staff members. Parents will be notified immediately if their child has violated any portion of the school's previously communicated Code of Student Conduct. Services will be suspended should disrespectful or unsafe behavior be directed towards a student or staff member, either by a parent of a student or a student enrolled in the program. I understand that it is my responsibility for reading and knowing the expectations of the HISD Code of Conduct. I also understand that the program reserves the right to deny services on a permanent basis if behavior expectations are not being met.
12. **SPECIAL NEEDS:** We do not provide staff trained to deal with special needs. Please contact the school administration with any questions.
13. **TECHNOLOGY DEVICES:** Personal technology devices may not be used (ipads, cell phones, smart watches, headphones for entertainment, etc). However, devices for the sole purpose of Harvard ES "In Person" Online School Learning will be allowed for academic assignments.
14. All information published in this registration packet applies to this contract. In addition, I understand and agree to adhere to any guidelines amended to this contract and that I will be notified in writing by the after school program.
15. I understand that all ASP Staff are HISD Employees and they have been trained by HISD to adhere to all COVID Guidelines as set up by HISD.
16. I understand Harvard Elementary Eagle's Nest is a school based after school program fully staffed with HISD Employees.
17. I agree I will adhere to all HISD Policies and Guidelines, including COVID Guidelines. All staff, parents and students are to adhere to all HISD Policies regarding wearing masks and social distancing at all times. No exceptions will be made.
18. **MEDIA PERMISSION:** I authorize Harvard ES Eagles' Nest to include my child in photographs used for publicity. YES NO

_____/_____/_____/_____
Name of Parent (please print) Parent Signature Date **STUDENT NAME**

_____/_____/_____/_____
Name of Parent (please print) Parent Signature Date **STUDENT NAME**