

Student Name: _____

Grade: _____

OFFICE USE ONLY: Fall Semester Paid: _____ Spring Semester Paid: _____
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LANIER MIDDLE SCHOOL 2024-2025 AFTER-CARE AGREEMENT

Lanier Middle School offers an after-care program for students whose parents cannot pick up 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. Completed agreement forms must be emailed to Mrs. Garza Pender at jgarza8@houstonisd.org.

Lanier Middle School agrees to:

- Starting August 19, 2024, 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.

Lanier participating parents agree to:

- Pay a fee of \$650.00 for the fall semester and/or \$650 for the spring semester to be paid in full by the designated deadline. Payment must be made online via School Pay. The fall semester deadline is Wednesday, August 14, 2024. The spring semester deadline is December 18, 2024.
- Come inside the school to sign out your child. Sign-out will be by parent or guardian only, unless a previous agreement has been made with the after-school program coordinator.
- 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).
- Pay a late fee of \$25 for pick up after 6:01 pm, due at the time of pick up. Late fees cover the overtime hours of the teacher and support staff required to care for the student. However, administrative discretion will be used for weather or extenuating circumstances. Continuous late pick-up may cause the student to be removed from the program.

Lanier participating students agree to:

- Arrive in room 116 by 4:05 p.m. Habitually tardy students may be removed from the program.
- Sign in upon arrival.
- Remain with the assigned teacher until a parent or guardian signs you out unless you have written permission from the after-school care program coordinator.
- Prepare in advance for attendance. Bring books/homework with you. Going to lockers after sign-in will not be allowed.
- Adhere to school and program rules at all times.
- Leave all toys and electronics at home (school computers and cell phones are exceptions). These items will be confiscated and returned only to the parents/guardians.

Refund Policy is as follows:

- Withdrawal from the program by September 10th will be based on days of attendance at \$25 per day. No refunds after September 10th for the fall semester.
- Withdrawal from the program by January 28th will be based on days of attendance at \$25 per day. No refunds after January 28th for the spring semester.

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 713-942-1900.

Parent signature

Date

Student signature

Date

LANIER MIDDLE SCHOOL AFTER-SCHOOL PROGRAM CONTACT INFORMATION

Name of Student: _____
Last First Middle

HISD I.D. #: _____ Grade Level and Cluster: _____

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

Parent(s)/Guardian's Name: _____	
Home Address: _____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email: _____
Parent(s)/Guardian's Name: _____	
Home Address: _____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email: _____

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

1. Name: _____

Relationship to student: _____

Home phone _____ Cell Phone: _____

Work Phone: _____ Email: _____

2. Name: _____

Relationship to student: _____

Home phone _____ Cell Phone: _____

Work Phone: _____ Email: _____

In case of emergency

Hospital preference: _____

Insurance: _____ Policy#: _____

Doctor's Name: _____ Phone: _____

List prescription medications your child takes with dosage: _____

List any allergies: _____

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