

Student Name: _____ Grade and House: _____

OFFICE USE ONLY:
Fall Semester Paid: _____ Drop-in: _____
Spring Semester Paid: _____

PIN OAK MIDDLE SCHOOL 2022-2023 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 **\$500.00 for fall semester** and/or **\$600 for Spring Semester** to be paid in full at the start of each semester. **Payment may be made online with School Pay.** Fall semester deadline is Wednesday, August 24, 2022. Spring semester deadline is Wednesday, January 11, 2023 **OR**
- Pay a **\$25.00** daily 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).
- **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:

- Cancellation of program by September 23, 2022/February 3, 2023– 75% of payment.
- Cancellation of program by October 21, 2022/March 10, 2023 – 50% of payment.
- Cancellation of program by November 18, 2022/April 14, 2023 – 25% of payment.
- Any cancellations after November 18, 2022/April 14, 2023 will not receive a refund.

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, 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 2022-2023 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.**

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: _____