



McIntosh Area School  
 20400 10th Street / P.O. Box 769  
 McIntosh, FL 32664  
 Phone (352) 591-9797 - Fax (352) 591-9747

For Office Only		
Reg Fee	Check	Cash
Student ID		

## Eagle's Nest AfterCare Consent Form

*\*This form must be completed, signed, and returned in order for a student to attend after care care during the school year.*

**DESCRIPTION:** After-school activities: homework time, crafts and recreational sports activities. Students will be provided a small snack.

**Registration:** Each child must have a completed registration form and non-refundable annual registration fee of \$10.00 on file before participating in the program. Forms are available in the Main Office.

**Attendance/Payments:** Payments should be made payable to McIntosh Area School. Please note on your check or money order your child's name and the week of attendance for which you are paying. Payments are made at the Main office.

**Tuition: YOUR PAYMENT IS DUE IN ADVANCE. YOU MAY PAY WEEKLY OR MONTHLY. If an outstanding payment is not received for the prior week, then your child will not be able to attend after care.**

	Charge per Day	CHARGE per Week
First Child	10.00	45.00
Sibling	10.00	40.00
Free/ Reduce	5.00	20.00

**Departure of student:** Parents or Guardian must sign their children out; no child will be released to anyone not authorized in writing by custodial parent and on file.

**Hours of Operations:** Monday thru Friday from school dismissal until 6:00PM. Students must be picked up at this time or parents may be charged a fee (\$5.00 per each quarter hour). Habitual lateness may result in the loss of services. The program will not operate during school holidays or teacher workdays.

Signing this form shows that you are aware of the aftercare program and its basic protocols. If you have questions, contact the main office at 352-591-9797.

Continued participation in the AfterCare Program is contingent on the student's attention to school behavioral guidelines. Student participation in the AfterCare Program may be denied and parents may be asked to pick up their child if the guidelines, including chronic lateness to check-in, are not followed.

**I, (student's signature) \_\_\_\_\_ understand and agree to follow MCPS Code of Conduct and McIntosh Area School Rules while participating in the After Care Program.**

I understand that participation by my child is completely voluntary, and that some of the planned physical activities may expose my child to potential injury. I agree that, to my knowledge, my child is physically and medically able to participate in these activities. If any injuries do occur to my child, I also understand that school personnel will respond in the same manner that occurs during regular school hours. I understand a late fee may be charged if my child is not picked up within 15 minutes of the program's end time and/or participation denied if my child is picked up late more than twice during the school year. In case of early closing due to inclement weather or emergency conditions, all after-school activities will be cancelled.

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Tax Information: It is the parent's responsibility to keep receipts for IRS purposes. Tax No. 51-0428359**

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Child's Full Name \_\_\_\_\_ Called \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
Father's (or guardian) Name/Home Address/Telephone Number

\_\_\_\_\_  
Father's (or guardian) Place of Employment/Address of Employment/Business Telephone Number

\_\_\_\_\_  
Mother's (or guardian) Name/Home Address/ Telephone

\_\_\_\_\_  
Mother's (or guardian) Place of Employment/Address of Employment/Business Telephone Number

\_\_\_\_\_  
Father's E-Mail Address Mother's E-Mail Address

Child Lives with: Both Parents (Mother) (Father) Other \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

After care Care is needed on the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Mon until _____ p.m. | <input type="checkbox"/> Tues. until _____ p.m. |
| <input type="checkbox"/> Wed until _____ p.m. | <input type="checkbox"/> Thurs until _____ p.m. |
| <input type="checkbox"/> Fri until _____ p.m. |   |

In addition to parents, the child may be released to the following person(s):

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

\_\_\_\_\_  
Address

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_