

THOMAS ARNOLD ELEMENTARY

AFTER SCHOOL CARE PROGRAM 2024-2025

August 14 - May 22

Pre K 4 year olds - 5th grade

2024 Registration Fee for attending Monthly:	Standard - \$50.00 for the first student; \$40.00 for each additional student		
	Free or Reduced Lunch - \$20.00 for first student; \$10.00 for each additional		
PAYMENT DUE BY 20th OF EACH MONTH	Monthly Fee:	<u>Standard</u>	<u>Free or Reduced Lunch</u>
	1 child	\$190	\$100
	2 child	\$340	\$180
	3 child	\$465	\$255
	4 child	\$600	\$320

2024 Registration Fee for attending as Drop-In	Standard - \$60.00 for the first student; \$40.00 for each additional student		
	Free or Reduced Lunch - \$40.00 for the first student; \$20.00 for ea. additional		
PAYMENT DUE BY 30th OF EACH MONTH	Monthly Fee:	<u>Standard</u>	<u>Free or Reduced Lunch</u>
	1 child	\$20 per day	\$10 per day
	2 child	\$40 per day	\$20 per day
	3 child	\$60 per day	\$30 per day

Payment form accepted: **CASH, CHECK** payable to TAE or Salado ISD, or **ONLINE** w/credit card at Saladoisd website.

Please submit payment on time, failure to do so could cause your child to be removed from the after school care program.

If school is in session, then after school care is provided. Pick up is at the T2 main office: 575 Salado School Rd. **Your child must be picked up by 6:00pm** or a \$5.00/per minute fee is charged and added to monthly payment. Snacks are provided.



In order for our program to run smoothly and safely, we established the following guidelines and expectations:

- * Cell phones will remain in backpacks at all times
- * No toys/electronics brought from home
- * Appropriate behavior expected
- * ASCP parent/student compact must be signed and returned with registration form

2024 payment statements will be sent home by February 1, 2025.

Please call the elementary main office with further questions:

254 - 947 - 6955

SALADO INDEPENDENT SCHOOL DISTRICT

2024-2025 STUDENT REGISTRATION FOR AFTER SCHOOL CARE PROGRAM

Student name: _____ / ____ / ____
First Middle Last date of birth

Grade: _____ **Sex:** M / F **Physical address:** _____
(where child sleeps at night)

Mother's Name: _____ **Father's Name:** _____
_____ cell phone number _____ cell phone number

Good email: _____

Others that may pick up my child:

Name	Relation	cell phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SISD PERSONNEL WILL RELEASE YOUR CHILD ONLY TO THE PERSON(S) LISTED ABOVE. IF THERE ARE ANY CUSTODY OR LEGAL ISSUES, THE PARENT/GUARDIAN MUST NOTIFY THE SCHOOL PRIOR TO AFTER SCHOOL CARE.

School age siblings: _____, _____, _____

List of MEDICAL CONDITIONS we should be aware of:

List any FOOD ALLERGIES:

WE DO NOT HAVE A NURSE ON DUTY DURING ASCP HOURS. IN CASE OF EMERGENCY, ILLNESS OR ACCIDENT TO THE STUDENT NAMED ABOVE, THE SCHOOL IS AUTHORIZED TO TRANSPORT OR ARRANGE TRANSPORTATION OF THE CHILD TO A PHYSICIAN/HOSPITAL FOR TREATMENT.

Parent/Guardian Signature

Date

STUDENT WILL ATTEND: (____) MONTHLY / (____) DROP-IN APPROXIMATE TIME OF PICK UP: _____

CHILD OF SISD EMPLOYEE: Y / N if yes, what campus: TAE MS HS ADMIN

IS STUDENT ELIIBLE FOR FREE/REDUCED LUNCH PROGRAM: Y / N

Staff receiving: Registration Fee received _____ All required registration documents received _____

cash \$ _____ check \$ _____ # _____ Date: _____

document any money received at registration