



**FRANKLIN COMMUNITY SCHOOLS - CUB CARE
BEFORE AND AFTER SCHOOL CARE
2019-2020**



What is Cub Care? Cub Care is the before and after school childcare program in the Franklin Community Schools for students K-6. Registration Fee: yearly one-time fee of \$20.00 PER FAMILY sent with your registration form. This will guarantee a spot for your child/children any time before or after school care is needed. Fees must be paid weekly or biweekly.

MAIL CHECK AND FORM TO: Attention: Cub Care, 998 Grizzly Cub Drive, Franklin, IN 46131 or give to your school office or Cub Care site leader. Registration is not complete until registration fee is paid. All forms need to be on site when your child attends for the first time. Make checks payable to FCS Cub Care. We will need an individual form for each student!

FEES PER CHILD (*Extra fees will be charged for late pick up*)

BEFORE SCHOOL: \$4.00/day | **AFTER SCHOOL:** \$8.00/day

REGISTER ONLINE: <http://bit.ly/cubcare19-20>

****Once registered, you must wait a full 2 business days to attend the program.****

CHILD INFORMATION

Child's Name (First and Last): _____

Grade: _____ **School Child Attends:** _____

Address: _____

City, State, Zip: _____

How do you plan to utilize Cub Care for your child/children?

_____ **A. M** _____ **P.M.** _____ **Full-time** _____ **Part-time** _____ **As needed**

Please specify the date your family will begin to use the program _____

(2019-2020 school-year begins on August 7)

PRIMARY CONTACT INFORMATION

First Name and Last Name: _____

Relationship to Student: _____

Cell Phone Number: _____ **Home/Other Number:** _____

Email Address: _____

SECONDARY CONTACT INFORMATION

First Name and Last Name: _____

Relationship to Student: _____

Cell Phone Number: _____ **Home/Other Number:** _____

Email Address: _____

Are there any legal restrictions on who may pick up your child? ___Yes ___No

If yes, please explain (LEGAL DOCUMENTS REQUIRED FOR COURT-ORDERED RESTRICTIONS)

Please list any allergies, medications, and/or other issues about your child which we should know about. *If any of this information pertains to the school day, it is your responsibility to contact your child's school to make the nurse aware of any medical condition(s) that may require attention.*

MEDICAL RELEASE STATEMENT

I authorize the Cub Care staff to seek medical attention for my child in case of an emergency. My signature below is my acknowledgement of this statement.

Cub Care Financial Agreement

I agree to pay the \$20 family registration fee prior to the start of the school year. I can do this by mailing payment to Cub Care, 998 Grizzly Cub Drive, Franklin, IN 46131, online by creating an account with SchoolPay (instructions on Cub Care website), or by giving to current site leader of Cub Care program. I understand that the registration fee is non-refundable.

I understand that there will be a charge for Cub Care. I further understand that payments are to be made on a weekly or bi-weekly basis, per arrangement. Children attending the full week will be responsible for payment on Friday or every other Friday, per arrangement, for the week or weeks attended. Children attending on a daily basis will settle payment on last day of the week in attendance.

I understand that a \$35.00 fee will be charged for any NSF check and I will not have the ability to pay by check until the matter is resolved. Any unpaid and unresolved balance due may be turned over to a collection agency. I understand that I will be responsible for payment of all additional collection fees.

It is very important that all children are picked up at the appropriate time. This can be a scary situation for a child who feels they have been forgotten. The program ends promptly each weekday at 6:00 pm It is very important that all children are picked up at the appropriate time. Late pick up fees will be assessed to any pick-ups after 6:05pm. The charge is \$1 for each minute late per child.

My signature below is my acknowledgement that I understand and agree to comply with all above stated terms and conditions. I further acknowledge and understand that I am responsible for the full amount of fees due.

Cub Care Handbook Acknowledgement

I have read and understand all terms in the Cub Care Handbook. My signature below is my acknowledgement that I and my student understand and agree to comply with all stated terms and conditions in the 2019-2020 Cub Care Handbook.

Parent's Signature

Date

EMERGENCY CONTACT INFORMATION - Only above listed parents/guardians and the below authorized individuals listed will be allowed to pick up from Cub Care.

Emergency Contact #1 – Name: _____

Relationship: _____ Phone Number: _____

Is this person authorized to pick up child from Cub Care? Yes No

Emergency Contact #2 – Name: _____

Relationship: _____ Phone Number: _____

Is this person authorized to pick up child from Cub Care? Yes No

Emergency Contact #3 – Name: _____

Relationship: _____ Phone Number: _____

Is this person authorized to pick up child from Cub Care? Yes No

-For Office Use-

_____ **\$20 Registration Fee Paid**

FCS Staff Member? Yes No

If yes, please list position: _____