

Fairview Middle School's

IB Preparatory After School Program  
2011-2012

Welcome to the inaugural quarter of the IB Preparatory After School Program (ASP). The program provides a homework center run by IB Preparatory teachers, lab time for your child, and supervision for your IB Preparatory student Monday through Friday until 6pm.

**Program Cost:** *This is a flat rate each billing cycle.*

Days Attending	4pm-6pm
5	\$120
4	\$105
3	\$75
2	\$45
Drop In	\$10 per day

Your child must have registration on file with us if you wish to use the program as a drop-in. Students may not be "dropped in" more than twice in one billing cycle.

You must register for the same days each week if you will be attending less than 5 days. The attendance may change from billing cycle to billing cycle.

**Enrollment:** Students participating in the ASP program must be current IB Preparatory students at Fairview Middle School. A non-refundable registration fee of \$15 must be attached to the completed enrollment form.

**Tuition:** Payments are collected on the first day of each billing cycle. Payments are late on the fifth day after the cycle starts. Late fees are \$20 each cycle and students may not return to ASP until the late fees have been satisfied. All payments may be made by checks or money orders and should be made payable to *Leon County Schools*.

Receipts are handwritten and will be sent home with your child. **Please make sure you file them for tax purposes.**

**EDEP Hours:** The program runs from 4pm-6pm daily. Students are brought to the front of the school at 550pm each day. If you wish to pick your child up early, students may be found in Ms. Chomat's classroom. There will be a late charge of \$5 per child between 6-605pm, and \$1 per child every minute thereafter. Students may not return to ASP until all late fees have been satisfied.

**Attendance:** If your child is absent, please email Ms. Chomat at [chomate@leonschools.net](mailto:chomate@leonschools.net) If your child will be picked up by someone other than yourself, please send an email before 4pm to Ms. Chomat. Identification will be needed in order to release a child.

**Snacks:** Students may bring a small snack to be consumed between 4 and 430pm.

**Holiday/Teacher Planning Days:** We are closed on all holidays and teacher planning days.

**Early Release Days:** We are closed on all early release days.

**Homework Center Rules:** The ASP is designed to strictly support the curriculum provided by the IB Preparatory Program at Fairview Middle School. Students are expected to work on their homework or ongoing projects each day. Students are expected to ask the teachers for help. Students who have completed their homework will be given time to organize their binders or work on long-term projects.

**Discipline Policy:** ASP will not tolerate discipline concerns. Students will be given a warning for the first offense, a parent will be contacted for the second offense, and students will be removed for the remainder of the billing cycle after a third offense. The fees will be forfeited if a student is removed for disciplinary reasons. Students will be allowed to return the following billing cycle.

**Payment Cycle:**

Cycle Dates	Payment Due	Late Fee added
January 5 – February 1	January 5	January 11
February 2 – February 28	February 2	February 8
February 29 – April 2	February 29	March 6
April 3 – April 27	April 3	April 9
April 30– May 25 (last day of the program)	April 30	May 4

*For school use only:* Registered for \_\_\_\_\_ days.  
 Payment due of \_\_\_\_\_ monthly.

Non-refundable enrollment fee of \$15 attached.  
 Check # \_\_\_\_\_

Fairview Middle School IB Preparatory ASP

2011-2012

Registration Form

**\*\*Please print in blue or black ink\*\***

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Child's current grade: \_\_\_\_\_ Homeroom teacher: \_\_\_\_\_

Guardian 1 Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Attendance: Check all that apply.**

\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Drop in only

Emergency Contact/pick-up for your child:

Name	Daytime Phone	Relationship to the child

List any information about your child that we may need to be aware of (**including food or other allergies**):

\_\_\_\_\_  
\_\_\_\_\_

May your child be photographed or videoed during the program for displays, articles, promotions, etc?

\_\_\_\_ yes \_\_\_\_ no

May your child access school approved internet sites for the purposes of homework, extra practice, or school-related projects? \_\_\_\_ yes \_\_\_\_ no

I have read and fully understand the policies outlined in the EDEP handout.

Guardian 1 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian 2 signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Both parties responsible for fees must sign. One signature indicates 100% responsibility for payment.

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