



## 2020 CFEC Summer Program - Policies & Fee Schedule

The CFEC 2020 Summer Program will be held at **The Children's Center** and will be staffed with teachers and teacher assistants from The Children's Center and Special Children's School. Our inclusive Summer STEAM Program is open to Infants, Toddlers, Pre-school, Kindergarten, and rising First-Grade students who attend The Children's Center and Special Children's School. Siblings of current students and children of staff (infants through rising first-graders) are also eligible to participate.

There is no transportation provided for the Summer Program. Parents are responsible for transporting their children to and from the program.

Hours of operation will be Monday-Friday, 7:30 AM until 5:30 PM. The program will operate during the following weeks:

___ June 22-26	___ July 13-17
___ June 29-July 1 (Closed 2 & 3)	___ July 20-24
___ July 6-10	___ July 27-31
	___ Aug 3-7

We will host an Open House on Thursday, June 18, 2020 from 1:00 – 3:00 PM. Parents can meet the staff during this time, so please plan to join us!

### **Financial Information**

- We accept cash, check, money order or credit/debit card for payment.
- A \$50 deposit (to guarantee your child's spot) along with application is due no later than Friday, April 24, 2020. This deposit will be applied to the first week's payment.
- Summer program enrollment is on a weekly basis. Parents must sign up in advance (before the program begins) for the weeks they need. All weeks needed must be checked by the application deadline. Drop-in is not offered. Parents are responsible for payment for all weeks checked.
- All payments of \$185 per week are due in advance for each week by noon Monday. The week of June 29 will be prorated at \$37 per day = \$111.
- Families with two or more children enrolled in the CFEC Summer Program will receive a 10% discount on the second (and subsequent) child's weekly fee. Families who choose to pay for the entire summer in advance (must be all 7 weeks) will receive a 10% discount.
- If weekly payment is not made in advance by noon Monday, the child will not be allowed to return the next day.
- Full-day rates apply regardless of hours attending (no half-day rates).
- A late pick-up fee of \$1 per minute after 5:30 PM will be assessed and must be paid before your child can return. Three late pick-ups may result in dismissal from the program.
- Failure to make payments will result in your child's dismissal from the program.

**Absence**

Please notify the CFEC Summer Program administrator at 336-727-2440 by 9:00 AM if your child will not be attending for the day.

**Snacks and Meals**

Parents will be responsible for packing a nutritious lunch and 2 snacks (including milk and juice) each day. Cafeteria service will not be available. All food must be packed in appropriate containers to maintain safe food temperatures (i.e. cold packs for cold foods and thermos containers for hot foods). Food must be labeled with the child’s name and date.

**Personal Care Items**

Parents must ensure that their children arrive each day appropriately dressed for the weather and with all needed items for the child’s personal care (i.e. diapers/Pull-ups, extra clothing, meals and snacks, etc.) If your child runs out of diapers or does not have extra clothes, you will be called to come for your child.

**Medications**

For children requiring medications during the day, the nurse on site will administer all medications per doctor’s orders. Medications must never be left in book bags/diaper bags.

**Parent Expectations**

Parents must sign their children in and out each day. Parents are expected to treat all staff and students with courtesy and respect. Parents are not permitted to discipline other students attending the CFEC Summer Program.

**Discipline Policy**

The CFEC Summer Program will follow the same discipline policy as the regular school day (refer to Family Handbook).

**Sick Policy**

The CFEC Summer Program will follow the same sick policy as the regular school day (refer to Family Handbook).

**Custody Policy**

Current custodial documents must be on file with the CFEC Summer Program to enforce non-authorized pick-ups.

**Emergency Contact Number**

A working contact number is required for any child enrolled in the program. If your contact number changes, you are required to notify the CFEC Summer Program administrator immediately. For health and safety reasons, families without a working contact number will not be allowed to remain in the program.

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**CFEC Summer Program Agreement**

By enrolling my child in the CFEC Summer Program, I understand and agree to comply with all the above policies.

Child’s Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**APPLICATION FOR CFEC 2020 "Full STEAM Ahead" SUMMER PROGRAM**

*To be completed and placed on file prior to enrollment*

**CHILD INFORMATION:**

Child \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (MI) (Nickname)

Ethnicity (Optional) \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Child's Primary Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Does your child have any known allergies/special medical concerns? \_\_\_\_\_

Child's Diagnosis (if applicable): \_\_\_\_\_

Is there any additional information concerning your child's needs we should be aware of to provide them the best educational environment possible? \_\_\_\_\_

**FAMILY INFORMATION:**

Parent/Guardian \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Child's Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Medicaid # \_\_\_\_\_

**EMERGENCY CARE INFORMATION:**

Name of child's doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

**If neither parent (or guardian) can be contacted, please call:**

Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**AUTHORIZED PICK-UP:**

Please give the names and phone numbers of all persons to whom the child can be released. If someone other than a legal parent/guardian comes to pick up a child, they will be asked to provide identification.

Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Completed by Parent/Guardian:**

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. My signature indicates that I have received, read and understand the information outlined in the Enrollment Policies and Fee Schedule.

I understand I am committing to the weeks I checked for the summer program and that I will be responsible for payment for all weeks checked, even if my child does not attend.

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

\_\_\_\_\_  
 Print Name \_\_\_\_\_

**Completed by The Centers for Exceptional Children:**

I, as the operator of the program, do agree to contact EMS/911 in the event of emergency. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

\_\_\_\_\_  
 Director of Education Programs \_\_\_\_\_ Date \_\_\_\_\_

*Finance Office Only*

**Funding Source** \_\_\_\_\_ **\*Registration paid** \_\_\_\_\_  
 \_\_\_ DSS \_\_\_ Smart Start \_\_\_ CFEC \_\_\_ Private Pay **\*Deposit paid** \_\_\_\_\_

COPY ON FILE: Birth Certificate \_\_\_ Social Security Card \_\_\_ Insurance Card \_\_\_ Medicaid Card \_\_\_

*\*There is no registration fee or deposit owed for any child with special needs, foster child or any child receiving a DSS voucher or a scholarship based on financial need from Smart Start or The Centers for Exceptional Children.*