

Shelby All Stars Policies

Hours of Operation

Programming is 6:30 am until school starts and after school dismissal until 6:00 pm. No early drop-offs and no late pick-ups. Students must be signed in by adult dropping off in the morning and the adult picking them up in the afternoon. Person picking child up must ALWAYS notify staff.

Registration

Each student must have a completed registration form on file before attending any program. No drop-ins without registration!

School Delays and Dismissals

SAS program will be open at 6:30 am on days there is a school delay. HOWEVER, there is NO after school programming when school is dismissed early. Your student will follow the school's protocol for early dismissal and whatever instructions you have given the school. SAS will follow school schedule for all holidays and will not provide programming on days school is closed.

Payment

The fee is \$7 for each morning session and \$10 for each afternoon session regardless of length of time present. For students that attend both morning and afternoon session on the same day, the daily rate is \$15. There is a 10% discount for subsequent child (present the same or lesser days/week) attending the program. **Payment is not accepted on site.** It is to be mailed or dropped off at Family Services & Prevention Programs, 2021 S. Riley Hwy, Shelbyville, IN 46176. For after hours, there is a drop slot in the back door of the office.

Parents will receive an invoice every two weeks (after first week of school) for services utilized the two weeks prior. Invoices will be mailed every other Monday with payment due Wednesday of the following week. Our expectation is for parents to pay promptly for programming their child has already received. Non-payment may result in suspension of services to your child until the balance is paid. A late fee of \$15 will accrue with each unpaid invoice.

I understand that I am obligated to pay Family Services & Prevention Programs of Shelby County for these services. If I fail to pay for these services I understand that I will be obligated to pay any costs of collection incurred by Family Services & Prevention Programs in attempt to collect any money that I owe them including any late fees, collection costs, court costs or Attorney fees incurred in trying to collect for the services provided.

I give permission for my child to be included in photos or videos pertaining to SAS activities.

_____(initial)

I have read, understand, and received a copy of the policies set forth by Shelby All Stars.

Parent

Student

Date

Shelby All Stars Registration Form

School _____

Child 1 Name _____ DOB _____ Grade _____ Teacher _____

Child 2 Name _____ DOB _____ Grade _____ Teacher _____

Parent Name _____

Address _____

Home Phone _____ Wk Phone _____ Cell Phone _____

Allergies/Rx or other pertinent information or special needs of your child to safely and effectively care for them while in our care:

Persons permitted to pick up your child:

1. _____/Phone _____

2. _____/Phone _____

3. _____/Phone _____

Persons NOT permitted to pick up your child: _____

Emergency Contact Information

1. _____/Phone _____

2. _____/Phone _____

3. _____/Phone _____

I hereby authorize the release of information between Family Services & Prevention Programs and Shelbyville Central Schools.

Name _____

Date _____