



Tuttle After-School Program 2021-22

Our goal is to provide a program that will serve the needs of your children in PreK-5th grade. Our program is designed to meet the needs and characteristics of our ECC, Elementary and Intermediate students. Children will participate in activities that encourage physical, mental, and social development, while fostering each child's positive self-image and sense of independence.

The Tuttle After-School program is offered to children PreK-5th grade at Tuttle Elementary. Students at the ECC and Intermediate will ride a bus to the Elementary School. The program is run by certified and support staff of Tuttle Public Schools. Children may be enrolled for 2, 3, 4, or 5 days per week. Children must attend the same days each week.

At the time of enrollment, there is a \$25 non-refundable registration fee.

Tuttle After-School Program follows the Tuttle Public Schools calendar and operates on days when school is in session. The

program begins on the first day of school and ends on the last full day of school. EXCEPTION: we will not have After-School Program on the days the schools have Virtual Days, Parent Teacher Conferences, Professional Days and Teacher Work Days. Please refer to the school calendar for specific dates.

If school is closed or afterschool activities are canceled for any reason; weather, facility issue, holidays, etc., After-School Program will also be closed.

Hours of Operation:

3:00-6:00pm

*Late Pick-up fees begin at 6:01pm. The cost is \$10 per 5 minute increment.

Rates 2021-22

Rates are as follows:

2 Days = \$27.00

3 Days = \$40.50

4 Days = \$54.00

5 Days = \$67.50

*Enrollees must attend the same days each week

Questions?

afterschool@tuttleschools.info

Application packet available on district website.



Tuttle After-School Program

Tuttle Elementary
206 SW 2nd Street
Tuttle, Ok 73089
(405)381-2486

Application Form
2021-22

Office Use Only
Application
Form
Child
Health Form
Letter of
Agreement
Request for
Medication
Permission

Name of Child: _____ DOB: _____

School: _____ 21-22 Grade: _____ Sex: ___ M ___ F

In order to be eligible to attend Tuttle After-School Program, a child must be enrolled in TPS traditional school and be in grades PreK-5th grade. Should you decide to register, please note that the \$25 enrollment fee is non-refundable.

To ensure your child's fall placement please complete this form and return it along with the non-refundable enrollment fee of \$25 per child. Enrollment fees must be paid at the administration office or elementary office (beginning Aug 3) with cash or a check.

Full and legible completion of all information is required each year by the Tuttle After School program. To allow time to process the application and to prepare for the student's arrival, completed packets, enrollment fee, and tuition payment must be received at least 24 hours prior to the first day of attendance.

Please enroll my child for the following number of days per week and day of the week:

*Student must attend the same days of the week (3:00-6:00pm)

_____ 2 days per week(\$27) _____ 3 days per week(\$40.50)
_____ 4 days per week(\$54) _____ 5 days per week(\$67.50)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Who will be responsible for tuition payments? _____

Parent's Name: _____ Parent's Name: _____

Daytime Phone: _____ Daytime Phone: _____

Daytime Email: _____ Daytime Email: _____

Parent/Guardian Signature

Date

*Please explain on a separate sheet of paper any separation, divorce or custody situation of which we should be aware and provide a copy of official documents.

**Tuttle After School Program
CHILD ENROLLMENT AND HEALTH INFORMATION**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name:	DOB:	
Home Address:	Home Phone:	
City:	State:	Zip:
Parent/Guardian Name:	Relationship to Child:	
Home Address:	Home Phone:	
City:	State:	Zip:
Email Address:	Cell Phone:	
Work Phone:	Work Name:	
Work Address:	City:	
Where can you be reached while the child is in the program?		
Parent/Guardian Name:	Relationship to Child:	
Home Address:	Home Phone:	
City:	State:	Zip:
Email Address:	Cell Phone:	
Work Phone:	Work Name:	
Work Address:	City:	
Where can you be reached while the child is in the program?		
<p>Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you <u>cannot be reached</u>. Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the school, be able to take responsibility for the child's care in the case the parent/guardian cannot be contacted and should be at least 18 years of age.</p>		

Name:	Name:
Phone:	Phone:
Relationship to child:	Relationship to child:
Name of Physician:	Physician Phone:

Child's Name:
Allergies and Special Health or Medical Conditions
Fill in this section accurately and completely. Please note that if you child has a current health or medical condition requiring child care staff to perform specific care, such as: to monitor the condition, provide treatment, care, or give medication, the "Medication Administration Record" must be completed and kept on file at the school with the Program Coordinator.
Does your child have any food, medication or environmental allergies? (check all the apply) <input type="checkbox"/> NO <input type="checkbox"/> YES-check all that apply <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> Environmental Please list and explain:
Does your child have a special health or medical condition? (check one) <input type="checkbox"/> NO <input type="checkbox"/> YES-please explain
Is your child currently using any medication? (check one) <input type="checkbox"/> NO <input type="checkbox"/> YES-please explain
List any additional information about your child that would be useful for the staff to know, such as fears, eating habits or special routines. This information should not be medical or health related, as that should be included in the previous answers.

This form after being completed and signed by parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child attending Tuttle After-School Program.

Parent/Guardian Signature:

Date:

Administrator/Designee Signature:

Date:

Tuttle After-School Program LETTER OF AGREEMENT

1. I will complete all necessary forms before my child attends the Tuttle After-School (TAS) program. I will notify TAS of any changes in registration information (e.g. address, phone number, email address, place of employment, etc.)
2. I understand and agree to pay the following tuition and fees in order for my child to attend TAS"
 - a. **REGISTRATION FEE:** The \$25 per child enrollment fee, due at the time of application, is non-refundable.
 - b. **TUITION:** Tuition is a due every Monday by noon, including holidays.
 - c. **LATE PAYMENT FEE:** A late fee of \$15 will be assessed for any payment not received by noon each Monday.
 - d. **LATE PICK UP FEE:** If a child is not picked up by 6:00pm a fee of \$10 will be assessed for each five (5) minute increment that a parent is late (e.g. 6:01pm arrival = \$10 fee, 6:06pm arrival = \$20 fee). If a child has not been picked up within 30 minutes of closing and attempts to contact parents and emergency contacts have been unsuccessful, the police and Department of Human Services may be called. TAS reserves the right to suspend and/or terminate enrollment for recurrent late pick-up. When a parent is contacted for any reason, the late fee will be assessed beginning one hour after the time of notification.
 - e. **NON-SUFFICIENT FEE:** A fee of \$25 will be assessed for each returned check or non-sufficient funds notification. The amount of the returned check plus the \$25 fee must be paid by cash or money order. Upon second occurrence, all future payments must be paid money order or cash.
3. I will give 2 weeks written notice to TAS if attendance needs to be changed. I understand that changes in weeks of attendance will be made if space in the program permits.
4. I will make other arrangements for emergency closings, delays and early dismissals (e.g. bad weather days, facility problems). I understand pre-paid tuition for cancelled day(s) will be credited to the following week.
5. When picking up my child from TAS I will sign him/her out of the program.
6. I understand any personal belongings brought to TAS are the responsibility of my child. I will not hold TAS or Tuttle Public Schools responsible for replacement or repair of any items that may be lost, stolen or damaged.
7. I understand that if my child is posing a serious or recurrent behavior issue, he/she may be suspended or dismissed from the TAS program and payment is due for the time a child is suspended. If my child is dismissed from the program for any reason I will not seek entrance in future years.
8. I will notify TAS personnel in writing if there is a temporary health issue which may inhibit the child's typical daily routine (e.g. sprained ankle, injured collar bone, wrist-no running/climbing, getting over illness-no physical activity, etc.)
9. I will inform TAS personnel in writing if I do not want photographs of my child participating in the TAS program to appear on the internet, in newspapers, videos, yearbook, or other publicity materials.
10. I have read and agree to the terms of eligibility which are highlighted in the enrollment packet.

I agree to abide by the requirements listed above, as well as rules set forth and any modifications.

Parent/Guardian Signature:	Date:
Name of Child:	

Child's Name _____

Tuttle After-School Permission Form

The following permissions will remain valid for the 2021-22 school year or until withdrawn in writing by the parent/guardian.

At least one emergency contact listed on the Child Enrollment and Health Information form must also be listed below for emergency pick-up situations. Designated persons must be at least 18 years of age.

- **CUSTODY ISSUES:** All parents/guardians listed on the Child Enrollment and Health Information shall be authorized to pick up his/her child on any day TAS is in session and will be permitted to designate others to pick up his/her child on any day TAS is in session--unless TAS is provided with a copy of a court order or decree which authorizes restriction of these parental rights and the program coordinator is apprised of the court order or decree. For parents with joint custody or shared custody, either parent will be permitted to pick up the child on any day TAS is in session and to designate others to pick up the child on any day TAS is in session. If one parent is the legal custodian of the child, only the parent with legal custody will be permitted to designate others to pick up the child, provided the court order or decree provided to TAS supporters such determination.

I grant permission for TAS to release my child to the following individuals:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

- I grant permission for TAS to use photos of my child for publicity purposes.
_____ YES _____ NO
- All information provided on the Application Form, Child Enrollment and Health Form, and the Permission Form is correct, and the child named above has permission to engage in all activities in the program except as noted. I agree to hold harmless TAS, its agents and employees for all incidents alleging bodily injury and property damage or loss occurring while the child named above is a participant in a TAS sponsored activity.

Parent/Guardian Signature

Date