



## AFTERSCHOOL PROGRAM FEES Effective 13 August 2020

Effective 13 August 2020, our Afterschool Program fees will be as follows:

### DeRidder 3day/ 5day prices

Ages 6-10           \$40 per 3 days / \$65 per 5 day week  
Ages 11-17         \$30 per 3 day /\$45 per 5 day week

### Rosepine (Limited to 6 participants)

Ages 6-10           \$45 per 3 days / \$75 per 5 day week  
Ages 11-17         \$35 per 3 days / \$55 per 5 day week

New registrants     \$ 5 Registration fee for new participants

Space is limited to 40 children

**These fees are subject to change and will be contingent upon participation, funding resources and staffing requirements.** Our United Way funding supports a portion of the Afterschool program. We will continue to seek other sources of funding to minimize the cost of our programs for our participants but until such time, these prices will remain effective.

All program fees are due on Friday prior to the week of participation. If fees have not been paid prior to open of business on Monday your child will not be able to attend until fees are paid.

All accounts will be reviewed on Mondays and those that are not current will no longer be able to participate in the program and be dropped from enrollment. Re-enrollment will only occur if all fees have been paid.

If your child does not attend for 5 consecutive days without notice, they will be dropped from enrollment. **Fees are NOT pro-rated for partial attendance – a flat fee regardless of days attended will be effective for FY20 /21 school Year. Weeks that have a school holiday will be based on a daily fee.**

If you have any questions or concerns, please see a **BeauCARE** Team member.

THANK YOU!

PARTICIPANT REGISTRATION FORM



Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: M or F Grade \_\_\_\_\_ School \_\_\_\_\_

Optional Information: Circle one. Race: Caucasian African American Native American Hispanic Other: \_\_\_\_\_

Allergies (to Food/Medication) \_\_\_\_\_

Special Needs/Medical Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Required if registering a minor: Father's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Mother's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Persons authorized to pick up child:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

MEDICAL RELEASE

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Health and/or Accident Insurance Provider \_\_\_\_\_ State \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give permission for any and all medical attention to be administered to my child, \_\_\_\_\_, in the event of accident, injury, sickness, medical emergency, etc. under the direction of BeauCARE, Inc., its directors, employees, coaches, managers, and any other associated personnel including those of its affiliated organizations, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for as long as my child is a registered participant of BeauCARE, Inc.

Signature of Parent/Guardian

BE IT KNOWN that upon signature of this document, the above named participant or his/her legal guardian agrees that the participant is a registered participant of BeauCARE. Appearer consents to his/her or child's participation in all activities related to the BeauCARE Programs (i.e. After School for All, Summer Day Camp, Teen Pregnancy Prevention, & various sports programs, etc.).

Appearer consents to his/her child's name to appear along with a picture in a local advertising for BeauCARE, Inc., which may or may not include mention of specific program participation. This covers all types of nonprofit advertising including newspapers, television, radio stations, posters in businesses and/or civic areas, and any other forms of media that would benefit BeauCARE, Inc.

Appearer acknowledges that there are certain risks of bodily injury while participating in the various activities (i.e. Incrediball, Flag Football, Jump Rope Competitions, Various Program Field Trips, etc.) and appearer assumes that risk, realizing and acknowledging that participation in said activities is strictly voluntary. Appearer releases BeauCARE and any of its agents from any responsibility or liability for any injuries which the above named might sustain as a result of his/her or child's participation in any of the activities. Appearer further agrees to furnish health and accident insurance to cover injuries he/she or child might sustain while participating in said activities.

Date: \_\_\_\_\_

Signature of Parent/Guardian

**BEHAVIOR CONTRACT**

It is the goal of *BeauCARE* to provide a safe, fun, and positive recreation and learning environment for all participants. In order to obtain this goal, it is necessary to establish a set of guidelines of expected behavior. Unacceptable behavior will have specific consequences. All staff members and volunteer adult staff members are trained in Nonviolent Physical Crisis Intervention techniques and will use positive behavior management strategies to deter and diminish misconduct among participants. The following guidelines will apply:

- 1<sup>st</sup> Offense:** Verbal warning and possible removal of the participant from the activity.  
**2<sup>nd</sup> Offense:** Written incident report form completed for file and counseling by staff member.  
**3<sup>rd</sup> Offense:** Participant is removed to the Director's office and/or parents may be called for early pick-up.

***A zero-tolerance policy has been implemented for the following behaviors and will result in immediate suspension of the participant. The Executive Director reserves the right to permanently suspend any participant from the program for violating the zero-tolerance policy.***

**Zero-Tolerance Behaviors:**

- |   |   |
|---|---|
| 1. Fighting or physical aggression of a severe nature | 6. Continuous use of profanity            |
| 2. Possession of a weapon, including pocket knives    | 7. Major disrespect to adults             |
| 3. Possession of drugs, alcohol, or tobacco products  | 8. Major disrespect to peers              |
| 4. Leaving activity locations without staff consent   | 9. Display of sexual behaviors/advances   |
| 5. Destruction of BeauCARE property                   | 10. Any threatening or dangerous behavior |

**GENERAL RULES FOR PARTICIPANTS:**

- 1. If a participant leaves our facility, he/she will not be allowed to re-enter on the same day without a parent.**
- 2. If a participant arrives at our facility prior to the arrival of staff members, *BeauCARE* will not be held responsible for the participant's welfare and safety.**
- 3. Participants may not leave with anyone other than their parent/guardian without prior permission given from the parent/guardian to the *BeauCARE* staff.**
- 4. Participants will help our staff maintain our equipment in good working order to include:**
  - Keeping the area safe and clean
  - Reporting any problems with the equipment
  - Treating equipment with respect
  - Returning equipment to proper location following use
  - Reporting misuse of equipment/supplies to staff
- 5. Proper attire will be worn at all times.** The following types of clothing are **prohibited** at *BeauCARE*:
  - Clothing with drug, alcohol, tobacco, or sexual advertisements, emblems, and logos;
  - Revealing clothing including halter tops, spaghetti straps, low cut shirts, mini skirts, midriff-baring tops, etc.
  - Gang-related clothing and accessories, including bandanas worn around the arms, legs, or head (tied in front), stockings worn on the head, one pant leg rolled to knee, combs in hair, etc.
  - Pants which are excessively loose, skin-tight, or low-cut, including "sagging" and very low cut jeans.
- 6. If a participant's physical behavior escalates to a point where staff believe harm to self, other participants, staff, and/or others is imminent, Nonviolent Physical Crisis Intervention techniques may be used to physically intervene.**

***BeauCARE*** is trying to establish an environment where the youth of our community can feel free to participate in activities of interest without fear of influence from social and/or moral standards that could be viewed as offensive. Failure to comply with these guidelines will result in the participant being asked to leave until the objectionable clothing and/or behavior has been changed. By signing this contract you and your parent/guardian are agreeing to all the terms and guidelines listed and agree to be accountable for any consequences.

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 Signature of Participant

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 Signature of Parent/Guardian

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 Date

**Non-Discrimination Policy:** In accordance with Federal Law and U.S. Department of Agriculture policy, *BeauCARE* does not discriminate against any persons on the basis of race, color, national origin, sex, age, or disability. Any person(s) alleging discrimination has a right to file a complaint within 180 days of the alleged discriminatory action. All civil rights complaints should be forwarded immediately to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call 202-720-5964 (voice and TDD). The complaint should contain the name, address, and telephone number of the person filing the complaint, the specific location and name of the entity against whom the complaint is being filed, the nature of the incident or action that led the complainant to feel discrimination was a factor, the basis on which the complainant feels discrimination exists, and the date, names, titles, and business addresses of the persons who may have knowledge of the discriminatory action. "USDA is an equal opportunity provider and employer."