

Discovery Academy 2020-2021
Before/After Care Application

Please complete the form below and return by email to discoveryoffice@crec.org, or fax to 860-296-2087.

Student Information:

_____	_____	_____	_____
Student #1 Name	Date of Birth	Grade	M/F
_____	_____	_____	_____
Student #2 Name	Date of Birth	Grade	M/F
_____	_____	_____	_____
Student #3 Name	Date of Birth	Grade	M/F

Parent Information:

Parent/Guardian Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: (Must have valid email for invoicing) _____
Place of employment: _____
Address of Employer: _____

Parent/Guardian Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
Place of employment: _____
Address of Employer: _____

Authorized Pick-ups-

Only people listed as an emergency contact with the school office will be allowed to pick up students from after care.

Hours and Cost: Please check the option that meets your needs. ****All prices are per child.**

- | | | | |
|--|-----|-----------------------|-----------------|
| <input type="checkbox"/> Before School | M-F | 7:30 a.m. -8:30 a.m. | \$131.20/ month |
| <input type="checkbox"/> After School (includes ½ days) | M-F | 3:30 p.m.-5:30 p.m. | \$240.90/ month |
| <input type="checkbox"/> Before & After School (includes ½ days) | M-F | 7:30-8:30 & 3:30-5:30 | \$372.10/ month |
| <input type="checkbox"/> Half Days ONLY: | | 12:00 p.m.-5:30 p.m. | \$396/ year |

2020-2021 Scheduled Half Days

September 9, 10, 11, 23	March 3, 17, 18, 19
October 21	May 5
November 18, 19, 20, 25	June 2
January 27	

****IMPORTANT** Billing**

All students enrolled in the program will be billed for the entire school year in August. My School Bucks allows you to set up reoccurring monthly payments using an e-check or credit card.

There will be no variations in billing based on number of school days in the month, partial week, or siblings. It is expected that families keep current with monthly payments in order to continue in the program.

Detailed instructions on how to set up a My School Bucks account are attached to the end of this form.

Medical Release

I give my permission to the physician listed below and my child's school nurse to release my child's health information to the Extended Day Program staff as is deemed necessary and appropriate to provide for my child's safety and well-being, including but not limited to medications and health concerns as noted in the Health and Medical Information section of this form.

Child's Physician or
Source of Health Care _____ Telephone _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY DEPARTMENT. Your signature authorizes the staff of the Extended Day Program to have your child transported to that hospital in the event of an EMERGENCY.

Signature of Parent/Guardian _____ Date _____

I have read and understand all of the policies outlined in the before/after care handbook.

Initial _____

Does your child have any allergies? YES____ NO____

Health and Medical Information

Please check the appropriate answer	Yes	No	Please clarify any "yes" answers
Are you concerned about your child's general health?			
Does your child wear glasses or contact lenses?			
Does your child have any eye difficulties?			
Does your child wear a hearing aid?			
Does your child have any hearing difficulties?			
Does your child have any speech difficulties?			
Does your child have any allergies?			
Does your child have any other specific illness, disability or other limiting condition? If yes, does this condition require any special health care in the Extended Day program?			
Has your child received an evaluation which could help the extended day program staff in meeting his/her health or educational needs?			
Does your child require any adaptive equipment?			
Do you have concerns about your child's behavior or emotional well-being that the extended day staff should know about?			
Does your child take medication? If yes, and the medication is to be administered during the extended day program (including emergency medications such as albuterol or epinephrine/EpiPen), a <i>separate</i> supply of medication must be provided for the Extended Day program and a medication order form must be on file with the school nurse.			

Health Insurance Company _____ ID

Number _____

My School Bucks:

Discovery Academy uses the online program My School Bucks for all before & aftercare billing. My School Bucks will allow you to make payments using an e-check or credit card, and you will be able to set up automatic payments.

If you already use My School Bucks for food service, you will need to add CREC as another district in order to make aftercare payments.

From a computer, go to your profile

Add a district

Select State

Select CREC (Capitol Region Education Council)

Once CREC is added as a district, you will need to add your students to the district.

Click the blue dot where your name is on the top right corner

My Students

Add

Once the district and students are added, you will be able to see and pay before & aftercare invoices.

If you do not already have a My School Bucks account, please go to www.myschoolbucks.com and select "Sign Up Today".

You will be billed initially for the entire year, and be reminded to pay in "installments" at least once per month.

We hope you will utilize this program as a way to easily pay fees for before & aftercare. If you are only able to pay your bill using cash, you can still use the drop box at the front desk.

If you have issues setting up your account, please call My School Bucks at 1-855-832-5226.