



# Quality Education Foundation

5073 Storey Mill Road \* Hephzibah GA 30815 \* 706-434-8085

Allergies: \_\_\_\_\_

Anything else we should know: \_\_\_\_\_

**\*Please note:** No medications will be administered during ASP, if student is injured, parents will be contacted.

**Each Student is Expected to:**

- Act respectfully towards every individual
- Be on time to designated ASP area
- Work quietly on homework or complete other assigned activities during Homework Time
- Accept the consequences for their actions:
  - 1<sup>st</sup> Offense: warning - parent is informed of behavior and reminded of expectations
  - 2<sup>nd</sup> Offense: student is suspended from program (minimum of one day)
  - 3<sup>rd</sup> Offense: student receives a one week suspension from program
  - 4<sup>th</sup> Offense: student is removed from program for the remainder of the year

**Program:**

- All program applicants understand that Before Care begins at 6:45AM. All students must stay in the lunchroom area until dismissed for their classroom.
- All program applicants understand that After Care is from dismissal to 6:00PM. Late fees are assessed at a rate of \$1.00 per minute beginning at 6:01PM. If a student is not picked up, we reserve the right to call local authorities to provide protection and oversight.
- Parent/Guardian **MUST** sign their student out of all aftercare activities. It is highly suggested that students are signed into Before Care by a parent – students will be required to sign themselves in if dropped off.
- If a student has a past due balance that equals two weeks or more, student will be suspended from all activities until the account is brought current.
- NOTE: If your student has overdue fees from the previous year(s), they will not be allowed to participate in activities until the account is brought current.
- Before School fees are billed weekly at the end of the week Afterschool care and Activities are billed monthly prior to beginning the activity. Failure to make timely payments will result in removal from the program.

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

Activity: \_\_\_\_\_ Price: \_\_\_\_\_ Per/ \_\_\_\_\_

Activity: \_\_\_\_\_ Price: \_\_\_\_\_ Per/ \_\_\_\_\_

Activity: \_\_\_\_\_ Price: \_\_\_\_\_ Per/ \_\_\_\_\_

Activity: \_\_\_\_\_ Price: \_\_\_\_\_ Per/ \_\_\_\_\_

NOTES: \_\_\_\_\_

By Signing below, I am agreeing with the QEF policies, agree to pay on time and acknowledge that services may be suspended for non-payment.

**Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Quality Education Foundation  
5073 Storey Mill Road \* Hephzibah GA 30815 \* 706-434-8085

---

## Before / After Care and Activity Enrollment Form

Student: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB : \_\_\_\_\_ Age : \_\_\_\_\_ Gender : \_\_\_\_\_

NOTE: You **MUST** give 2 weeks written notice of withdrawal or your child's account will continue to be charged until official withdrawal is received. Fees will be charged unless school or the activity is cancelled. Initial: \_\_\_\_\_

### Family Information:

#### Parent/Caregiver Information:

Name: \_\_\_\_\_ cell: \_\_\_\_\_

Name: \_\_\_\_\_ cell: \_\_\_\_\_

#### Siblings:

Name: \_\_\_\_\_ GSIC Student? Y N

Name: \_\_\_\_\_ GSIC Student? Y N

Name: \_\_\_\_\_ GSIC Student? Y N

The following additional names listed below may pick up my child/children by showing a government issued ID. **WE DO NOT ALWAYS HAVE ACCESS TO INFINITE CAMPUS – YOU MUST LIST NAMES BELOW:**

Name: \_\_\_\_\_ cell: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ cell: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ cell: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ cell: \_\_\_\_\_ Relation: \_\_\_\_\_