



Project Read and Reach

A School Age Community Engaged in
Literacy, Character, and Service



St. Charles City School District

2015-2016 PRR Program Information and Fee Schedule

- **Enrollment** is open to all students attending Blackhurst and Lincoln Elementary Schools.
- **Registration Fee** of \$40 per family is due and payable at the time of registration and is non-refundable.
- **Tuition** for the weeks of August 12-28 is due and payable at the time of registration.
- **PRR is open** on the first day of school, August 12, 2015, at 6:30 am for morning attendees. Reminder that parents must come into the building and sign their child in and out each day.

2015 – 2016 Weekly Program Fees

(Payments must be made monthly on the 1st of the month, or on the 1st and the 15th of each month. Payments delinquent more than 5 days will be charged a late fee of \$10, and after 10 days delinquent, your child's attendance in the program will be suspended.)

Attendance Options	4-5 Days	1-3 Days	Add'l Fee for Early Release Days	Drop-In Fee for PM Early Release Days*
Weekly Fee: AM & PM	\$65	\$40	\$10	\$12
AM Only	\$45	\$30	\$10	\$12
PM Only	\$45	\$30	\$10	\$12
Free/Reduced Lunch Weekly Fee	\$30	\$25	\$10	\$12

Note: Days and sessions must be consistent and cannot rotate. No additional discount for am or pm or 1-3 day options on Free/Reduced status rates. A second child discount of 10% is offered. DSS child care assistance will be accepted. * Drop-in Fee is for families who only need care on an ERD. All students must be pre-registered with registration fee paid to our Adult & Community Education office and advance notice of attendance.



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2015-2016 Application and Enrollment Form

(READ THIS FORM CAREFULLY AND FILL IT OUT IN IT'S ENTIRETY – ONE FORM PER STUDENT)

Student Information

Participant Name: _____ Gender: M _____ F _____
(Last Name) (First Name) (M.I)

Age: _____ Date of Birth: ____/____/____ Grade: _____ Student's primary language spoken: _____

Ethnicity (please circle): Caucasian Asian Native American
African American Hispanic Other _____

Address: _____ City: _____ State: _____ Zip: _____
(Number and Street) (Apt. #)

Parent/Guardian Name: _____ **Relationship:** _____

Address: _____
(Number and Street) (Apt. #)

City: _____ State: _____ Zip: _____ Home #: _____ Cell #: _____

Employer or School Attended: _____ Work # _____

Address: _____ City: _____ State: _____ Zip: _____
(Number and Street) (Apt. #)

Work/School Schedule: _____ Email: _____

Secondary Parent/Guardian Name: _____ **Relationship:** _____

Address: _____
(Number and Street) (Apt. #)

City: _____ State: _____ Zip: _____ Home #: _____ Cell #: _____

Employer or School Attended: _____ Work # _____

Address: _____ City: _____ State: _____ Zip: _____
(Number and Street) (Apt. #)

Work/School Schedule: _____ Email: _____

(Please note: We **MUST** have **WORKING** telephone numbers where someone can be reached during the time that your child is participating in Project Read and Reach.)

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO PICK UP CHILD
(One emergency contact other than parent is required. Addresses must be included.)

1. Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____
(Number and Street) (Apt. #)

Home #: _____ Cell #: _____ Work#: _____

2. Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____
(Number and Street) (Apt. #)

Home #: _____ Cell #: _____ Work#: _____

Authorization for Emergency Medical Care:

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize the school staff of Project Read and Reach to contact the following:

Physician or Clinic: _____ **Phone:** _____

Preferred Hospital: _____ **Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____

Physical limitations/medical needs/special needs of participant: _____

Does your child have a current IEP? _____ Yes _____ No

Does your child have a current 504 Student Accommodation Plan? _____ Yes _____ No

Building Student Attends: ___ Lincoln Elementary ___ Blackhurst Elementary

Regular Day Teacher Name(s): _____

Is your child eligible for Free/Reduced Lunch: ___ Yes ___ No

Days Attending: ___ M ___ T ___ W ___ Th ___ F Session: ___ AM ___ PM ___ AM & PM

For Office Use: Date Application Rec'd & Accepted: _____ *Enrollment Fee Rec'd/Amt:* _____



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Student Contact Info Sheet

Child's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Grade: _____

Child's Primary Address: _____

Primary Parent/Guardian Name(s): _____

Phone Numbers: _____ Email address: _____

Child's Secondary Address: _____

Secondary Parent/Guardian Name(s): _____

Phone Numbers: _____ Email address: _____

Physical limitations/medical needs/special needs of child:

Adults who have permission to pick up from PRR:

	NAME/RELATIONSHIP	CELL/DAYTIME PHONE #s
1.	_____	_____
2.	_____	_____
3.	_____	_____

Individuals who ARE NOT authorized to pick up from PRR:



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2015-2016 School Age Child Care AUTOMATIC DEBIT/CREDIT CARD AUTHORIZATION FORM

Please complete one form per family.

I hereby authorize the City of St. Charles School District, Project Read and Reach Program to initiate Debit entries to my checking/savings account or Credit Card charges to my credit card on file. I agree the amount debited or charged will be determined according to the most current schedule I have selected for my child's attendance in Project Read and Reach.

Child's Name: _____ School: _____

Parent/Guardian's Name Responsible for Payment: _____
(Please Print)

Home Phone: _____ Cell Phone: _____

Please fill in desired payment method below:

1. I would like payment to be made (please circle one): **Monthly** **Bi-Monthly (1st & 15th)**

2. If monthly, I would like payment to be made (please circle one): **1st** **15th**

Method of Payment: _____Debit _____Visa _____MasterCard _____Discover

Name on Card: _____

Debit or Credit Card Number: _____

Exp. Date: _____ Three digit security code: _____

Signature: _____

Please note: Payments must be made in advance of your child's attendance. Payments not honored by your financial institution will result in suspension of services. Reinstatement can occur only after all fees are paid in full. A \$25.00 fee will be assessed for all dishonored payments by your financial institution due to insufficient funds or closed accounts. Additionally, a \$10.00 late fee will be charged for payments delinquent more than five (5) days. After 10 days delinquent, your child's attendance in the program will be suspended until paid in full. Continued late or non-payment may result in your child's permanent removal from the PRR program.

(ALL FORMS MUST BE SIGNED)



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2015-2016 Technology Acceptable User Policy for Lincoln and Blackhurst Schools

St. Charles School District Guidelines:

1. Students will treat computer and Nook equipment, software, networks, and people with care and respect.
2. Students will access only the assigned web address.
3. Each Student will always use his or her own username and password and assigned Nook.
4. Students will not share personal information, such as last name, address, age, grade, or school's name with anyone on the internet or agree to meet with anyone they contact on the internet.
5. All material that is used from the internet will be properly cited.

Parents and students please both sign and return to your child's PRR Learning Leader.

Thank you!!!

Student sign here _____

Parent sign here _____

Parents--if you have any questions, please email Ms. Chrissy Fitzpatrick
cfitzpatrick@stcharlessd.org



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Release Agreement 2015-2016 School Year

By initialing the following statements, you are giving Project Read and Reach permission to use your child's images, creative work, use technology, and complete any pre- and post-surveys.

Child's Name:		
Parent—Only initial if approved:	<u>Description of Use</u>	
	I give Project Read and Reach permission to photograph, video, and record my child for program promotion and educational purposes only and to be released for such purposes.	
	I give Project Read and Reach permission to photograph, video, and record items my child creates for program promotion and educational purposes only and to be released for such purposes.	
	I give Project Read and Reach permission to post pictures, videos, recordings, writings, or blogging of my child on the PRR website, St. Charles Adult and Community Education website and Facebook page and in print publications.	
	I understand that all pictures, videos, and recordings are the property of Project Read and Reach and that no child or family will be compensated for PRR usage.	
	I give Project Read and Reach permission for my child to use technology/Internet, under SUPERVISION, for educational purposes only.	
	I give Project Read and Reach permission for my child to participate in pre- and post-surveys for data collection for purposes of meeting SAC grant requirements.	
Parent Signature:		Date: