

PBMS  
**“AFTER THE BELL”**  
2017 - 2018

Reg. Fee:	Monthly:	Punch card:	SJCSDE:	Multiple:	S/C:
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Child's Name:

\_\_\_\_\_  
First Middle Last Nickname

Nickname: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Sex: M F Grade in 2017/18: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Email: \_\_\_\_\_ I check email daily: Yes No

Mother's Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Child resides with: Mother/Stepmother Father/Stepfather Both Other (Extended Family)

**EMPLOYER INFORMATION:**

Mother: \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Father: \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell: \_\_\_\_\_

**MEDICAL CONTACT:**

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

May PBMS call another physician if unable to contact the above? Yes No

**CUSTODIAL RIGHTS:** (Persons permitted to remove the child from school/Extended Day)

Father: Yes No Mother: Yes No Step-Parent: Yes N

If "No" to Father or Mother, we must have legal documentation on file in order to enforce

**ALTERNATIVE CHILD PICK-UP/EMERGENCY CONTACT APPROVED LIST:**

I hereby give the PBMS "After the Bell" Program permission to release my child to the following persons:

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

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

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

**SPECIAL INSTRUCTIONS AND/OR MEDICAL CONCERNS:** \_\_\_\_\_

\_\_\_\_\_  
Today's Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

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PBMS will offer extended day from 2-6pm daily and 1-6pm on Wednesdays in the Media Center.

NEW ENROLLMENTS as well as RE-ENROLLMENTS are required to pay a non-refundable registration fee of \$75. It is due when application is submitted. This is a ONCE-A-YEAR Fee and helps provide materials necessary for Extended Day. We cannot guarantee placement in our program until the registration fee is paid.

***Florida State Law requires that all services must be paid in full prior to services being rendered. The cost is \$240 (\$120 SJCSDE) per month and monthly fees MUST be paid on the due date to attend. Full tuition is due regardless of your child's anticipated attendance for the next month. Please mail your 1<sup>st</sup> payment, due by August 3<sup>rd</sup>, payable to PBMS. In the memo, write student's name & ATB. The payment for September will be due on August 22<sup>nd</sup>. For your convenience, the program fees have been broken up into 10 equal payments. Payment schedules are posted on the school website under “After the Bell” and you will be given a hard copy as well. Any payment paid 5 days after the due date will be rendered a \$5 late fee. (We do offer a 10% multiple discount on monthly fees for siblings.)***

Students will be provided a drink and a snack. From 2:30-3:30 there will be a certified teacher supervising and assisting with homework. Students will be allowed to leave the library to attend a teacher's review or help session, attend a club meeting, or a sport's practice. If students are not picked-up by 6pm, parents will be charged a late fee of \$1.00 per minute. Each student must be signed out and picked up by someone on the approved pick-up list. Please be aware that you will be asked to show your ID until we know you.

All school rules will be enforced during “After the Bell.” It is a privilege, not a right, to attend the “After the Bell” program. Students who cannot behave and follow the rules will not be allowed to attend. The first two reprimands for behavior will be warnings with written documentation for the parent to sign. The third and subsequent reprimands may result in being suspended from After the Bell. Again, written documentation will be provided for the parent to sign. Depending upon the number of reprimands and the severity of the behavior, your child may be expelled from the program.

It is our goal in After the Bell to provide a positive environment that allows students time to complete required homework and receive assistance if needed. We expect that a student's behavior will not disrupt the working environment of others. We want students to use their time in After the Bell productively, so the evenings can be spent homework free and quality family time can be enjoyed. We look forward to working with you and your child to assist him/her in having a successful school year.

**Courtney Mazerolle**  
**“After the Bell” Manager**  
**PBMS Office: 904-547-8760**  
**Fax: 904-547-8765**  
**Email: [courtney.mazerolle@stjohns.k12.fl.us](mailto:courtney.mazerolle@stjohns.k12.fl.us)**  
**<http://www-pbm.stjohns.k12.fl.us> “After the Bell”**

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**Punch Card Option**

PBMS also offers a prepaid “drop-in” option. If your child needs only occasional afterschool care, the Punch Card option **allows 20 visits for only \$340 (\$170 SJCSDE)**. As with the monthly extended day care, you are required to pay a non-refundable registration fee of \$35. It is due when application is submitted. This is a ONCE-A-YEAR Fee and helps provide materials necessary for Extended Day. We cannot guarantee placement in our program until the registration fee is paid.

The After the Bell Manager will keep the punch card and notify you when the card is down to only 2 visits. ***Florida State Law requires that all services must be paid in full prior to services being rendered.*** Therefore, registration and payment must be made BEFORE attending extended day. The card is good only for the current school year and it can be used by a family (siblings can be on one card).

During this time students will be provided a drink and a snack. From 2-6pm there will be a paraprofessional supervising and assisting with homework. Students will be allowed to leave the library to attend a teacher’s review or help session, attend a club meeting, or a sport’s practice. If students are not picked-up by 6pm, parents will be charged a late fee of \$1.00 per minute. Each student must be signed out and picked up by someone on the approved pick-up list. Please be aware that you will be asked to show your ID until we know you.

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**SPECIAL CIRCUMSTANCE REQUEST LETTER**

Please complete the form below if you have a special circumstance that you would like to be considered by Mr. Willets as it relates to payments made to After the Bell. He will notify Courtney Mazerolle if there will be any changes made to your payments. Thank you.

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

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

Email Address: \_\_\_\_\_

Special Circumstance:

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Request:

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Decision:

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