

# **The Dolphin Cove**

## **Daves Creek Afterschool Program**

### **Parent Acknowledgement Statement**

Welcome! With your help, we will provide a fun and safe environment for your child. Please read the following policies and sign.

1. Every child attending must have a current enrollment form on file. It is the parent's responsibility to update all information.
2. For staffing purposes, please let us know in writing if your child will not be able to attend.
3. All Forsyth County School policies apply to the Dolphin Cove and will be enforced.
4. Operating hours are from dismissal to 6:30 PM (including Early Release Days). The Dolphin Cove operates only on days in which the school is in session. Service is not offered on student holidays, inclement weather days or during the summer months.
5. If school closes due to inclement weather, The Dolphin Cove will close. Time will not permit for each parent to be notified. ALL STUDENTS will be sent home according to the pick-up plan on file with the school.
6. Only authorized adults (18 or older) that are listed on the registration form will be allowed to pick up your child. Picture identification will be required. Your child must be signed out every day at the Check Out Station in front office.
7. Children may be suspended or withdrawn from the program for the following reasons:
  - Continuous late pick up
  - Discipline problems
  - Director's discretion
8. Registration/Tuition policies are as follows:
  - All payments will be made online in [schoolpay.com](http://schoolpay.com)
  - Registration Fee: \$75, Tuition: \$275/month for 1-3 days, \$300/month for 4-5 days.
  - There will be no credit or refunds given for days not attending. If you have a special circumstance, you will need to discuss it with Mr. Ashton.
  - Child may be withdrawn from the program due to nonpayment of fees.

I have read, understand, and accept the policies and procedures concerning payments, late pick-up fees, and discipline as they pertain to my child's participation in The Dolphin Cove. In addition, I grant permission for the staff to authorize emergency medical treatment from a Licensed Physician in circumstances that warrant such treatment.

Child's First and Last Name: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_