

2021-2022 Lunch Bunch

Program

Lunch Bunch is designed to give your child an extra hour after Preschool. They will bring their lunch and then have free play. The program is in session Monday – Thursday from noon until 1:00 pm. Your child may attend based on availability. Lunch Bunch will begin on Monday, August 23, 2021. You must have all your forms returned to me prior to the 16th of August. Due to staffing, you must sign up for the day(s) of the week you would like them to stay. Weekly and daily adjustments are not allowed.

NOTE: Participation in the program is subject to enrollment. A class must have at least 2 students enrolled per day for it not to be cancelled.

Fees

There is a \$10 registration fee due with your application. A fee of \$10 per day is charged for the program. There is not a charge for the days our school is not scheduled to be in session. If your child is absent for any reason, the fee will still be due. The fees are due with your tuition payment each month. Please note that all payments can be made on one check. If you child is not picked up by 1:00 pm, you will be charged a late pickup fee of \$5. Please be considerate of our teachers.

| | Monday | Tuesday | Wednesday | Thursday |
|-----------|--------|---------|-----------|----------|
| August | \$20 | \$20 | \$10 | \$10 |
| September | \$30 | \$40 | \$40 | \$40 |
| October | \$30 | \$40 | \$40 | \$40 |
| November | \$50 | \$50 | \$30 | \$30 |
| December | \$20 | \$20 | \$30 | \$30 |
| January | \$30 | \$40 | \$40 | \$40 |
| February | \$30 | \$40 | \$40 | \$40 |
| March | \$40 | \$50 | \$50 | \$50 |
| April | \$30 | \$30 | \$30 | \$30 |
| May | \$30 | \$30 | \$30 | \$30 |
| TOTAL | \$310 | \$360 | \$340 | \$340 |

NOTE: Payment Schedule is on the next page.

School Calendar

There will be no monthly fee adjustments due to snow days. However, if several days are missed due to snow, the Director may include make-up days at her discretion at no extra cost.

<u>Holidays</u> – We follow the Jefferson County Public School (elementary) schedule for Holiday closings and will be closed for in-service days. Notice will be posted ahead of time to remind you of those dates.

<u>Bad Weather</u> – We follow the Jefferson County Public School's bad weather schedule and will be closed on days that they are closed. <u>Except</u> when they are on a delay. When they are on a delayed schedule, we will be closed.

<u>Pandemic Policy</u> – The installment payment invoiced for the month at the time of closing will be due. No additional invoices will be incurred.

The registration form with the appropriate payment must be received prior to starting the program.

Keep this page for your records.

Payment Schedule

| One Day per Week | | | |
|--|--|--|--|
| | Annual | Monthly In | stallment* |
| | 1 payment due by | 1 st payment due by | Payment due by 1st o |
| | August 16th | August 16th | September thru May |
| | (includes Registration) | (includes Registration) | |
| Monday | \$320 | \$41 | \$31 |
| Tuesday | \$370 | \$46 | \$36 |
| Wednesday | \$350 | \$44 | \$34 |
| Thursday | \$350 | \$44 | \$34 |
| Гwo Days per Week | | | |
| | Annual | Monthly Installment* | |
| | 1 payment due by | 1 st payment due by | Payment due by 1st o |
| | August 16th | August 16th | September thru May |
| | (includes Registration) | (includes Registration) | |
| Monday, Tuesday | \$680 | \$77 | \$67 |
| Monday, Wednesday | \$660 | \$75 | \$65 |
| Monday, Thursday | \$660 | \$75 | \$65 |
| Tuesday, Wednesday | \$710 | \$80 | \$70 |
| Tuesday, Thursday | \$690 | \$78 | \$68 |
| Wednesday, Thursday | \$710 | \$80 | \$70 |
| Three Days per Week | | | |
| | Annual | Monthly Installment* | |
| | 1 payment due by August 16th (includes Registration) | 1 st payment due by August 16th (includes Registration) | Payment due by 1st o September thru May |
| Monday, Tuesday, Wednesday | \$1020 | \$111 | \$101 |
| Monday, Tuesday, Thursday | \$1020 | \$111 | \$101 |
| Monday, Wednesday, Thursday | \$1000 | \$109 | \$99 |
| Tuesday, Wednesday, Thursday | \$1050 | \$114 | \$104 |
| our Days per Week | | | |
| | Annual | Annual Monthly Installment* | |
| | 1 payment due by September 15th | 1 st payment due by September 15th | Payment due by 1st o October thru June |
| Monday, Tuesday, Wednesday, Thursday | (includes Registration) \$1360 | (includes Registration) \$145 | \$135 |

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| Emergency Information 1. Name/Relationship Phone 2. Name/Relationship Phone Medical Information Doctor's Name Allergies Other Medical Information Medical Consent I hereby give permission for medical treatment by a doctor in case of an emergency. Medical Consent I hereby give permission for medical treatment by a doctor in case of an emergency. Office Use Only: Payment received with application: Date Amount Cash/Check # | Monday | | Tuesday | Wednesday | ■ Thursday |
|---|-------------------------|-----------------|------------------|-------------------------------|------------|
| Child's Name | Start Date/First Day: | | | | |
| Child's Name | Child Information | | | | |
| Child's Teacher & Room Number (if known) | | | | | |
| Child's Age Group PR3 PK4 PK5 Parent/Guardian Information Parent/Guardian Name(s) | | | | | |
| Parent/Guardian Information Parent/Guardian Name(s) Home Phone | | | | | |
| Parent/Guardian Name(s) | Child's Age Group | ☐ PK3 | ■ PK4 | LI PK5 | |
| Home Phone Cell Phone Other Phone Other Phone Other Phone Other Phone Phone Phone Phone Phone Phone Phone Phone Other Medical Information Phone Phone Other Medical Information Phone Phone Phone Phone Phone Other Medical Information Phone Phone Other Medical Information Phone P | Parent/Guardian I | nformation | | | |
| Emergency Information 1. Name/Relationship Phone 2. Name/Relationship Phone Medical Information Doctor's Name Allergies Other Medical Information Medical Consent I hereby give permission for medical treatment by a doctor in case of an emergency. Medical Consent I hereby give permission for medical treatment by a doctor in case of an emergency. Office Use Only: Payment received with application: Date Amount Cash/Check # | Parent/Guardian Na | me(s) | | | |
| Emergency Information 1. Name/Relationship Phone 2. Name/Relationship Phone Medical Information Doctor's Name Phone Allergies Other Medical Information Medical Consent I hereby give permission for medical treatment by a doctor in case of an emergency. Parent/Guardian Signature | Home Phone | | | Cell Phone | |
| 1. Name/Relationship Phone | Work Phone | | | Other Phone | |
| 1. Name/Relationship Phone | | | | | |
| 2. Name/Relationship Phone | Emergency Inform | ation_ | | | |
| Medical Information Doctor's Name Phone Allergies Other Medical Information Medical Consent I hereby give permission for medical treatment by a doctor in case of an emergency. Parent/Guardian Signature Insurance Name & Policy Number Office Use Only: Payment received with application: Date Amount Cash/Check # | 1. Name/Relat | ionship | | Phone | |
| Doctor's Name Phone | 2. Name/Relat | ionship | | Phone | |
| Doctor's Name Phone | | | | | |
| AllergiesOther Medical Information | | | | 70 | |
| Medical Consent I hereby give permission for medical treatment by a doctor in case of an emergency. Parent/Guardian Signature Insurance Name & Policy Number Office Use Only: Payment received with application: Date Amount Cash/Check # | | | | | |
| Medical Consent I hereby give permission for medical treatment by a doctor in case of an emergency. Parent/Guardian Signature Insurance Name & Policy Number Office Use Only: Payment received with application: Date Amount Cash/Check # | | | | | |
| I hereby give permission for medical treatment by a doctor in case of an emergency. Parent/Guardian Signature Insurance Name & Policy Number Office Use Only: Payment received with application: Date Amount Cash/Check # | Other Medical Infor | mation | | | |
| I hereby give permission for medical treatment by a doctor in case of an emergency. Parent/Guardian Signature Insurance Name & Policy Number Office Use Only: Payment received with application: Date Amount Cash/Check # | | | | | |
| Parent/Guardian Signature Insurance Name & Policy Number Office Use Only: Payment received with application: Date Amount Cash/Check # | Medical Consent | | | | |
| Office Use Only: Payment received with application: Date Amount Cash/Check # | I hereby give permis | ssion for medic | cal treatment by | a doctor in case of an emerge | ncy. |
| Office Use Only: Payment received with application: Date Amount Cash/Check # | | | | | |
| Office Use Only: Payment received with application: Date Amount Cash/Check # | | | | | |
| Payment received with application: Date Amount Cash/Check # | Parent/Guardian Sig | gnature | | Insurance Name & Policy | Number |
| Date Amount Cash/Check # | Office Use Only: | | | | |
| | · ' | | on: | 0 1 (0) 1 " | |
| I I I I I I I I I I I I I I I I I I I | Date Registration | Amount | Annual Paym | | |