

Advent Urban Youth Development & A Chance To Learn  
Summer Program  
Parent Agreement/Operational Policies

**Program Descriptions:**

This summer Advent Urban Youth Development will join forces with A Chance To Learn to expand programs to as young as 3 years old all the way to 12 years old.

***A Chance to Learn:*** 3 years old to 5 year olds will get the opportunity to learn phonics, letter and number recognition, sign language, drama, computer lab time, physical activities, and more!

***Advent Urban Youth Development:*** School aged 5 years old to exiting 5th graders(12 years old) will engage in STEM, summer reading initiatives, physical activities, team building, computer lab time, etc!

**Program Times:**

Summer Days/Hours

- June 8th 2015 - August 14th 2015
- Monday (At Cheney Elementary) -Friday (Field Trip Day)
- 8:00am-5:30pm (\*7:30am and 6:00pm early drop off/ or late pick up available)

**Program Costs:**

*Summer Program:*

- \$50.00 per week
- \$15 per day if paying daily rate

*Additional Costs:*

- One time \$20 Registration Fee (does not count towards weekly or daily fees, non-refundable)
- \$5.00 extra per day for early drop off at 7:30am or late pick up at 6:00pm
- Late pickup rates are (will be assessed on payment):
  - 1-10 minutes late = \$10.00
  - 11-20 minutes late = \$20.00
  - 21-30 minutes late = \$30.00
  - 31-45 minutes late = \$40.00
  - 46-60 minutes late = \$50.00

**Payments:**

- Payments are due the last day of each week (Friday) for the next week or the first day of the week for that week (Monday).
- Debit/Credit, Cash, Check, Cashiers Check are accepted.

- Advent parents can pay with credit/debit card at school or online as well at <http://auyd.org/fee-based-program/> find the yellow PayPal box and click it. You don't need a PayPal account, go to bottom of page where it says, “**Don't have a PayPal account?** Use your credit card or bank account.”

### **Program Meal:**

- Every child will receive a free meal in partnership with the Texas Department of Agriculture. This program does not use any BISD facilities or staff to ready the food. The food is delivered to the site ready to serve. Advent has been running this program at their sites, and it is very successful and the food is nutritious.
- Breakfast, Lunch, afternoon snack, Dinner will be served.

### **Program Safety:**

- All program staff and volunteers will be run through national background check as well as BISD's volunteer background check system.
- All BISD safety standards will be met as well. (Severe weather, fire, lockdown, etc.)
- Parents will sign in/out their children each day.
- Students will not be released to any adult or sibling unless marked on their assigned pick up list.

### **Attendance/Refunds:**

- Students that miss a day that have already been paid for can make up that day, the following week. No refunds will be issued.
- Early dismissals are permitted with parent/guardian sign out, yet refunds will not be issued for time not in attendance for that day.

### **Program Discipline:**

- Site director will work closely with instructors and parents to make sure students are behaving in a way that is compatible with school rules and Advents standards.
- A three strike policy will be implemented on all students that display negative behavior in the summer program. First strike is a warning and communication with parents, second is communication with parents and partial suspension, third is communication to parents and suspension from program.
- Zero tolerance will be given for bullying, fighting, or any type of harassment from students or employees.

### **Medication:**

If a parent brings medication for the staff to administer, the parent must fill out the appropriate documentation before medication can be administered. All medications must be in the original container. Prescription

medication must have the pharmacy label attached to the original container. The label must include the prescribing physician, name of the medication, child's name, dosage amount and the time of dosage. Over the counter medication may be given only if the child's age and dosage are listed on the administration instructions from the family physician. Medications will be kept in a locked location. Only trained staff shall administer medication.

Summer Program 2015  
REGISTRATION FORM

Student's Last Name: \_\_\_\_\_ Student's First name: \_\_\_\_\_  
\* (use student's legal names)

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_

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

Parent Cell Number: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Parents Email: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone #'s \_\_\_\_\_

Name: \_\_\_\_\_ Phone #'s \_\_\_\_\_

**(Please initial besides each)**

\_\_\_\_\_ I have received, agree with, and will abide by the Summer Operational Policies.

\_\_\_\_\_ I authorize Advent to obtain emergency medical care and to transport my child for emergency medical treatment.

My child's physician name address and phone are:

DR.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address, City and Zip:

\_\_\_\_\_

Name of Medical Facility you prefer in case of an emergency: \_\_\_\_\_

**My child will be brought to the program (check which is applicable):**

Parent drop off: \_\_\_\_\_ Walk: \_\_\_\_\_ Sibling (please give names): \_\_\_\_\_

Other (please give names): \_\_\_\_\_

**My child will be picked up by: (check which is applicable):**

Parent: \_\_\_\_\_ Walk: \_\_\_\_\_ Sibling (please give names): \_\_\_\_\_

Other (please give names): \_\_\_\_\_

**Medical Conditions:**

Please describe any medical conditions or care plans for your child, or any conditions that will limit any activities for your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\*\*Medications taken needed to be taken during program: \_\_\_\_\_

**\*\*Please provide a care plan if medications are needed to be taken during program.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_