



EXTEND Tuition and Fees

2016-2017 Academic Year

IMPORTANT INFORMATION

1. A \$250 Annual Registration Fee per student is required
2. An Annual Supply Fee is required according to the chart below.
3. Both the \$250 Registration Fee and Supply Fee are due by March 20, 2016 in order to secure a student's place in EXTEND.
4. After March 20, 2016, EXTEND registration will be open to Non-current Guthrie School and EXTEND Students.

PAYMENT PLANS

1. ANNUAL PAYMENT – EXTEND Tuition is calculated annually and may be paid for in full by check or cash at the beginning of the year.
2. SEMESTER PAYMENT – EXTEND Tuition may be paid in 2 full semester payments (Fall and Spring Semesters)
 - a. May be paid in full by cash or check
3. MONTHLY INSTALLMENT PAYMENT – EXTEND Tuition may be divided into 9 equal payments and charged by credit-card.
 - a. This plan required a credit card number on file that will be automatically charged the first week of every month.
 - b. Tuition calculated annually. Although the number of days per month may vary, the tuition charge will remain the same.
 - c. The first payment will be charged the first week of September.
 - d. All remaining payments are due on THE FIRST OF EACH MONTH.

Note: EXTEND Tuition and fees are due in advance and are non-refundable and non-transferrable.

PROGRAM OPTIONS	COST	SUPPLY FEE
PLAN A: 5 Days/week Includes transportation for Non-Guthrie School students	\$3,025	\$250
PLAN B: 3 Days/ week Requires additional transportation fee of \$612 for Non-Guthrie School Students.	\$1,915	\$150
Plan C: 2 Days/week Requires additional transportation fee of \$408 for Non-Guthrie School Students.	\$1360	\$100
Drop-In Written notifications or a phone call to the Office is required.	\$10.00/hour	N/A

A student is considered to be enrolled in the EXTEND program when the contract is completed and payment has been made.



EXTEND Payment Contract

2016-2017 Academic Year

Parents: Please read the following information regarding the EXTEND Program:

- Hours and Days: EXTEND runs from 2:45 PM-6:30 PM Monday-Friday
- Enrollment is subject to availability.
- Charges are based on the cost of the program, not on actual attendance.
- Student Absences - Tuition will not be reimbursed for student absences.
- Changing a contract – A Contract can ONLY BE CHANGED ON THE FIRST OF THE MONTH. Two weeks written notice prior to the 1st of the month the change will occur is required.
- Late Carpool Pickup: Guthrie School Students who have not been picked up 15 minutes past their dismissal time will be sent to *Extend*. The \$10 per hour rate will be charged to the parent. Late Afternoon Pickup: *Extend* ends at 6:30 PM. If a student has not been picked up by 6:35 PM, there will be a charge of \$25 and \$2.00 PER MINUTE to your account.
- The *Extend* Program operates on all days that The Guthrie School is in session. If The Guthrie School closes due to inclement weather, the *Extend* Program will not operate.
- As always, it is the aim of The Guthrie School to provide safe and responsible care for students after their school day.

EXTEND PAYMENT CONTRACT

Circle One	Description	Annual Tuition- Due Upon enrollment	Annual Supply Fee- Due 8/10	Annual Registration Fee- Due upon enrollment	Annual Transportation Fee- Due upon enrollment	OFFICE USE
A	5 Days/week	\$3,075	\$250*	\$250*	Included	
B	3 Days/week	\$1,965	\$150	\$250*	\$642	
C	2 Days/week	\$1,390	\$100*	\$250*	\$428	
D	Drop-In	\$10.00/hour	\$30*	N/A	N/A	

*EARLY BIRD RATE: Sign up no later than March 15, 2016 to receive ½ off registration and supply fees.

MY CHILD WILL PARTICIPATE IN THE EXTEND PROGRAM AS INDICATED ABOVE. I UNDERSTAND THAT THE EXTEND PROGRAM ENDS PROMPTLY AT 6:30 PM. I AUTHORIZE THE GUTHRIE SCHOOL TO CHARGE MY ACCOUNT ACCORDINGLY.

STUDENT NAME _____ GRADE _____
 PARENT NAME _____ PHONE _____
 EMAIL ADDRESS _____ DATE _____

Equal Installments: Requires a credit card on file that will be automatically charged on the first week of every month.

Name on Card: _____
 Card Type: _____ Card Number: _____ - _____ - _____ - _____
 Expiration Date: _____ / _____ CVV Code (3-4-digit code on back of card) _____
 Initial charge: \$ _____ Date Charged _____ / _____ / _____
 Recurring Charge: \$ _____ Date Charged _____ / _____ / _____

Parent Name (Please Print) _____ Date: _____

Parent Signature: _____



EXTEND Registration

2016-2017 Academic Year

PLEASE PRINT IN BLOCK LETTERS
BLUE OR BLACK INK ONLY

Date: _____ - _____ - _____ Current Grade: _____

Student Information

_____	_____	_____
Last Name	First Name	Gender
_____	_____/_____/_____	_____
Preferred Name	Birthdate (Month/Day/Year)	Age (as of 9/1/2016)
_____	_____	_____
Street Address	City, State	Zip

Parent Information (Please indicate primary contact with a star)

_____	_____
Mother's Name	Father's Name
_____	_____
Mother's Address	Father's Address
_____	_____
Mother's Employer	Father's Employer
_____	_____
Mother's Cell	Father's Cell
_____	_____
Mother's Business Phone	Father's Business Phone
_____	_____
Mother's Email Address	Father's Email Address
_____	_____
Home Phone Number	<u>Married</u> <u>Separated</u> <u>Divorced</u> Please Circle One

Emergency Contact

_____	_____
Full Name	Phone Number
_____	_____
Address	Email Address

FOR OFFICE USE ONLY

Grade: _____

Original Registration Date:

EXTEND PLAN: A B C Drop-in

DAYS:

Health Information

Insurance Company	Phone	Group Policy #
Covered or Responsible Party Name	Doctor Name	Doctor Phone #
Preferred Hospital	Address	

Please List all health conditions, allergies (food, drug, etc.), hospitalizations in the last 12-months, and medications prescribed for long term use. WRITE N/A IF THERE ARE N ALLERGIES.

MEDICAL WAIVER

I certify that my child is in good physical health. I understand that I am responsible to pay for all emergency treatment expenses. I further understand that The Guthrie School has no provisions for expenses incurred carrying out emergency procedures and/or emergency transportation on behalf of participants. By signing this document, the parent and/or legal guardian releases The Guthrie School and all affiliated from any and all claims resulting from the injury of the above student(s) or the loss of property of the above named while participating in any activity connected with The Guthrie School.

I hereby release, discharge, indemnify, agree to hold harmless, and covenant not to sue The Guthrie School, its administrators, directors, volunteers, advertisers, owners, and lessees of premises on which activities are conducted, from any and all liability, claims, or demands arising from my child's participation in The Guthrie School programs. In case of emergency, I understand that The Guthrie School will make every reasonable effort to contact parents or emergency contacts. I hereby give The Guthrie School permission to secure a licensed healthcare practitioner to ensure proper treatment, including but not limited to: hospitalization, anesthetics, surgery, or injections of medication for my child.

I have read, understand, and agreed to the above statements.

Printed Name of Parent/Guardian	Date
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Signature of Parent or Guardian

Approved Pick Up

Please list the names and phone numbers of the person's approved to pick up your child:

Name: _____ Phone #: _____
 Name: _____ Phone #: _____

IMPORTANT

It is the responsibility of the parent to make arrangements for picking up his/her child. All persons who are authorized by a parent or legal guardian to pick up a student from The Guthrie School must be listed on this document. All persons picking up students from The Guthrie School for the first time will be asked to present photo ID to a school employee.

There is a LATE CHARGE of \$25 and \$2.00 PER MINUTE AFTER 6:35 PM.

I state that I have financial and legal responsibility for the student names in this Registration Form. By signing below, I agree to all consents, authorizations, and permissions described within this registration form.

Signature	Printed Name of Parent/Guardian	Date
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Transportation Release

2016-2017 Academic Year

I, _____, am the parent or legal guardian of _____ ("my child"), a student at The Guthrie School. I give my express permission and consent for my child to travel to and from:

_____ (name of school) to participate in its After School Extension Program called, EXTEND.

For and in consideration of my child being provided transportation to and enrollment in the EXTEND Program, I hereby freely and voluntarily, without duress, make the following agreement and representations:

1. MEDICAL INSURANCE – I hereby represent and warrant that my child is and will be covered throughout the EXTEND Program by a policy of comprehensive health and accident insurance that provides coverage for injuries and illnesses my child may sustain or experience during transportation to or from and/or during participation in the EXTEND Program. By my signature below, I certify that my health insurance policy will adequately cover my child during the Extend Program. Further, I RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS The Guthrie School of all responsibility and liability for any injuries (including death), illnesses, claims, damages, charges, bills and/or expenses I or my child may incur while being transported to or from the EXTEND Program. I represent that my child does not have any physical or mental condition that may require special medical attention or accommodation during transport to or from the EXTEND Program
2. Termination from EXTEND Program- If my child's conduct violates any policy or procedure of The Guthrie School, or is incompatible with the interests, harmony, comfort, and welfare of other trip participants, I understand that my child may be required to immediately end my child's participation in the EXTEND Program.
3. Release- For and in consideration of being included in the EXTEND Program and transportation thereto, I hereby freely and voluntarily, without duress, execute this Release under the following terms:
4. General Waiver and Release- I release and forever discharge and hold harmless The Guthrie School and its affiliated organizations, directors, officers, employees (including drivers), agents, vendors, and their successors and assigns, from any and all liability, claims, and demands of whatever kind or nature whatsoever, either in law or in equity, for damages to loss or destruction of any property, including personal effects, or injury, sickness, or death that my child may suffer or for which I or my child may be liable to another person, which may now or hereinafter arise out of, result from, or in any way be connected with my child's transportation to or from and participation in the EXTEND Program and related activities, whether such liability, claims, or demands result from transportation or otherwise. I understand and acknowledge that this Release discharges The Guthrie School from any liability or claim against it with respect to any bodily injury, personal injury, illness, death, monetary loss or property damage that may result from my child's transportation to or from the EXTEND Program.
5. Medical Treatment- I hereby release and forever discharge The Guthrie School from any claim whatsoever that arises or may hereafter arise on account of any medical, first-aid, and/or other health services rendered to my child in connection with an emergency or health problem during transportation by any employee, vendor, or contractor of The Guthrie School.
6. Assumption of Risk- I understand that The Guthrie's School's provision of transportation to or from the EXTEND Program may include activities and circumstances that may be hazardous to my child, including, but not limited to the transport itself, and other inherent dangers. I understand and agree to assume all of these risks, including the risk of my child.

I HEREBY EXPRESSLY AND SPECIFICALLY ASSUME THE RISK OF INJURY OR HARM TO MY CHILD IN THESE CIRCUMSTANCES AND RELEASE THE GUTHRIE SCHOOL FROM ALL LIABILITY FOR INJURY, ILLNESS, DEATH, MONETARY LOSS OR PROPERTY DAMAGE RESULTING FROM SUCH CIRCUMSTANCES DURING MY CHILD'S TRANSPORTATION TO OR FROM AND PARTICIPATION IN THE EXTEND PROGRAM.

7. Indemnification- I agree to indemnify and hold harmless The Guthrie School from any and all actions, causes of action, judgments, costs, expenses, claims or demands, of every kind and character (including reasonable attorneys' fees) arising from the child's transportation to or from the EXTEND Program.

In signing this document, I hereby acknowledge that I have carefully read this entire Assumption of Risk and Release Form, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I agree to comply with all provisions of this Release. I have been given the opportunity to ask questions, have asked those questions, and have been satisfied with the responses. I have had the opportunity to confer with legal counsel of my own choosing. I understand the terms herein are contractual and not a mere recital; and that I have signed this document knowingly and as my own free act.

Name (printed): _____ Dated: _____

Signature: _____



Discipline and Guidance Policy

2016-2017 Academic Year

- A. Discipline must be:
- Individualized and consistent for each child;
 - Appropriate to the child's level of understanding; and
 - Directed toward teaching the child acceptable behavior and self control.
- B. A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
- Reminding a child of behavior expectations daily by using clear, positive statements;
 - Redirecting behavior using positive statements; and
 - Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
- C. There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
- Corporal punishment or threats of corporal punishment;
 - Punishment associated with food, naps, or toilet training;
 - Pinching, shaking, or biting a child;
 - Hitting a child with a hand or instrument;
 - Putting anything in or on a child's mouth;
 - Humiliating, ridiculing, rejecting, or yelling at a child;
 - Subjecting a child to harsh, abusive, or profane language;
 - Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies that I have read and received a copy of this discipline and guidance policy.

Signature

Date

Please check one:

_____ parent

_____ employee/caregiver



Health Admission Information

2016-2017 Academic Year

Dear Parent,

The state of Texas required each student attending a Guthrie Program to have 3 pieces of information on file. These documents are needed for the child to be considered enrolled. This includes students in The Guthrie School, Guthrie EXTEND, Guthrie Enrichment, and Summer at Guthrie.

- CURRENT IMMUNIZATION RECORD
- HEARING AND VISION SCREENING
 - Public School Students: See Box 1
 - Students who attend a private or independent school: See Box 2
 - Guthrie Students: If the document is not on file by date of admission, parents are required to pay for Hearing and Vision Screening provided by The Shelton School unless a student's age prohibits it. The screening will be done at The Guthrie School.
- DOCUMENT OF A PHYSICAL
 - A written statement from a health-care professional who has examined the child within the past year, indicating the child is able to take part in the program in which he/she is enrolled.

REQUIRED INFORMATION FOR ALL STUDENTS

My child _____ attends the following school in the state of Texas:

Name of School: _____

School's Address: _____

City: _____ State: _____ Zip Code: _____

School's Phone Number: _____

PUBLIC SCHOOL STUDENTS

_____ My child's IMMUNIZATION RECORD is on file at the school and all required immunizations and/or tuberculosis tests are current.

_____ VISION AND HEARING SCREENING are also on file.

_____ DOCUMENT OF A PHYSICAL is also on file.

PRIVATE SCHOOL STUDENTS

_____ I have provided The Guthrie School with a copy of my child's most current IMMUNIZATION RECORD.

_____ I have provided The Guthrie School with results of my child's HEARING and VISION SCREENING.

_____ I have provided The Guthrie School with a copy of a DOCUMENT OF A PHYSICAL signed and dated by a HEALTH CARE PROFESSIONAL.

Parent Signature: _____ Date: _____



Media Release

2016-2017 Academic Year

Release Form for Publications, Video, and Electronic Display of Student Work

Students who attend school at The Guthrie School are occasionally asked to be a part of school publicity, publications and/or public relations activities. In order to guarantee student privacy and ensure your agreement for your student to participate, the school asks that you sign this form for each of your students.

The form referenced below indicates approval for the student's name, picture, work, voice, verbal statements, or portraits (video or still) to appear in school publicity, videos or on the web site. For example, pictures and articles about school activities may appear in local newspapers. These pictures and articles may or may not personally identify the student. The school may use the pictures, videos, and artwork in subsequent years.

Contract

Student and parent/guardian release to The Guthrie School the student's name, voice, verbal statements, class assignment(s), portraits (video or still), pictures and artwork and consent to their use on behalf of The Guthrie School for publicity purposes.

The Guthrie School agrees that the student's name, work, voice, verbal statements, class assignment(s), portraits, or pictures (video or still), will only be used for public relations, public information, school promotion, publicity, and instruction.

Student and Parent/Guardian understand and agree that:

- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives; and
- The photo, video, artwork, class assignment(s) or student statements may be used in subsequent years.

Parents may request hard/soft copy of their child's photographs, at no charge, to make his/her own independent copy.

Student's Name *(please print)* _____

Parent/Guardian Name *(please print)* _____

Parent/Guardian Signature _____

Phone Number: _____ Date: _____