

BONITA SPRINGS MIDDLE CENTER FOR THE ARTS



EARLY STALLIONS & EXTENDED DAY STALLIONS REGISTRATION FORM

Annual \$25 Registration Fee Per Child (Includes Both Programs)

A prepaid fee of \$25.00 Weekly Per Child Before-Care (\$12.50 For District Employees)

A prepaid fee of \$25.00 Weekly Per Child After-Care (\$12.50 For District Employees)

- Begins the first day of school
- Available every school day
- Before-care hours 7:00 AM - 9:00 AM
- Students are expected to follow the discipline policy of BSMCA.
- Students **NOT** registered for the Early Stallion Program **MAY NOT** arrive at Bonita Springs Middle School before 9:00 am. Students on campus before 9:00 am will automatically be enrolled in the program and parents will be billed for the \$25 weekly charge and the one time \$25 enrollment fee.
- Students must sign in with the Early Stallion Supervisor and may not leave the gym until dismissed for breakfast to begin the school day.
- After-Care is from 4:15 - 6:00 pm. **\$1.00 per MINUTE charged if not picked up by 6:00 pm**
- Students must sign in with the After-Care Supervisor and may not leave the media center until parent arrives on campus to pick up their child/children.

BSMCA Early Stallion and/or Extended Day Stallion Registration

Student Name _____ Grade _____

Student ID # _____

Parent Name _____

Parent Signature _____

Parent Phone Number _____

Alternate Phone Number _____

- ☐ My child does not have a medical condition.
- ☐ My child has a medical condition and/or medication of which the school should be aware.
- ☐ My child has a food allergy. Yes _____ No _____
- ☐ If yes, please explain _____

As the parent or legal guardian of the student listed above, I give him/her permission to participate in this Before/After-school program. I hereby grant permission for the supervising teacher to act "in loco-parentis" (in place of parents) in the event of any medical emergency and I accept full responsibility for all medical costs in the event of such a medical emergency.

I do hereby release and hold harmless the School District of Lee County and all of its employees from any liability or injury to my child's person or property incurred during the course of this after school program which is not the direct result of willful action or culpable negligence by the School District or its employees.

Parent/Guardian Signature _____ Date _____