



Stars and Comets Before / After School Care Calendar: 2009 - 2010

August 2009

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
★ 24	25	26	27	28
31				

September 2009

M	T	W	T	F
	1	2	3	4
★ 8	9	10	11	12
★ 14	15	16	17	18
21	22	23	24	25
28	29	30		

October 2009

M	T	W	T	F
			1	2
★ 5	6	7	8	9
12	13	14	15	16
★ 19	20	21	22	23
26	27	28	<i>wcs</i>	30

November 2009

M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
★ 16	17	18	19	20
★ 23	★ 24	★ 25	26	27
★ 30				

December 2009

M	T	W	T	F
	1	2	3	4
7	8	9	10	11
★ 14	15	16	17	<i>wcs</i>
★ 21	★ 22	★ 23	★ 24	★ 25
★ 28	★ 29	★ 30	★ 31	

January 2010

M	T	W	T	F
				1
4	5	6	7	8
★ 11	12	13	14	15
★ 18	19	20	21	★ 22
★ 25	26	27	28	29

February 2010

M	T	W	T	F
1	2	3	4	5
★ 8	9	10	11	12
★ 15	16	17	18	19
★ 22	23	24	25	26

March 2010

M	T	W	T	F
1	2	3	4	5
★ 8	9	10	11	12
15	16	17	18	19
★ 22	23	24	25	26
★ 29	★ 30	★ 31		

April 2010

M	T	W	T	F
			1	2
★ <i>wcs</i>	6	7	8	9
12	13	14	15	16
★ 19	20	21	22	23
26	27	28	29	30

May 2010

M	T	W	T	F
3	4	5	6	★ 7
★ 10	11	12	13	14
★ 17	18	19	20	21
★ 24	25	26	27	28
★ 31				

June 2010

M	T	W	T	F
	1	2	3	<i>wcs</i>
<i>wcs</i>	<i>wcs</i>	<i>wcs</i>	★ 10	★ 11
14	15	16	17	18
21	22	23	24	25
28	29	30		

Symbol Key

- School Closed / S & C OPEN
- School Closed / S & C CLOSED
- WCS* Westlake Holiday / S & C OPEN
- ★ Payment Due (Bi-Weekly Tuition)



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY

Date enrolled _____

Child's full legal name _____
First Middle Last

Sex _____ **SS# (optional)** _____ **Birth Date** _____

Child's preferred name/nickname _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Home Phone () _____

Primary hours child will be in the children's center _____

Days of week child will be in the children's center _____

Who has legal custody _____ **Relationship** _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Home Phone () _____ Cell Phone () _____

Mother's name _____

Home Phone () _____ Cell Phone () _____

Home address _____ **Zip** _____
Street Address (number, apartment #, street) City State Zip Code

Place of employment _____

Address of employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Father's name _____

Home Phone () _____ Cell Phone () _____

Home address _____ **Zip** _____
Street Address (number, apartment #, street) City State Zip Code

Place of employment _____

Address of employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Other household members: Adult's names _____

Children's names and ages _____

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone () _____ Cell Phone () _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone () _____ Cell Phone () _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

CONTINUED ON BACK

CHILD'S ENROLLMENT RECORD

(Back Page)

Child's physician/health resource _____

Telephone Number (_____) _____

Address _____
Street Address (number, apartment #, street) City State

Hospital preference _____

Name of Dentist _____ Telephone (____) _____

Address _____

MISCELLANEOUS INFORMATION

Has child had: Surgery _____ Serious illness/accident _____ Burns _____ Convulsions _____
Broken bones/dislocated arm _____ Other _____

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

Instructions regarding toileting _____

Child's habits, fears, etc. _____

Previous preschool or group experiences (include dates) _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, and a copy of the children's center discipline policy.

I was notified that the snacks/meals served daily are: Breakfast AM Snack Lunch PM Snack Dinner

I verify that the information on this enrollment form is complete and accurate.

Signature of Custodial Parent or Legal Guardian _____

Date _____

2009 - 2010 Fees, Policies, Conduct / Discipline, and Releases

1. A non-refundable registration fee of \$45.00 (INCLUDES FIELD TRIP T-SHIRT) per child and the first tuition installment are due at registration.
2. Tuition payments cover all full days including Professional Education Days (Pro Ed Days); Thanksgiving Break / Winter Break / Spring Break; all other holidays we are open (for list of closed holidays see #10) - and School Improvement Days (SIP Days - two hour early release from school). There are NO additional fees for Field Trips or Special On-Site Guests. Tuition is due REGARDLESS of whether or not the student is in attendance. There are also NO REFUNDS, DISCOUNTS or COMPENSATION for absence, illness, vacation, holidays, or school closures. Before/After School Care Schedules & Weekly Fees are:
Mornings Only - \$48.00 / Afternoons Only - \$62.00 / Mornings and Afternoons - \$84.00
Schedules and Fees are not adjustable.
3. Tuition payments will be due every other week. The school term covers 42 weeks, so there will be 21 payments throughout the school year, the first of which is due at registration. If desired, a monthly payment may be made on the (1st) first of EACH month starting Monday, August 18th. If the monthly payment option is chosen, both August and June will be ½ payments. Payments are due for EVERY WEEK of the school year including Thanksgiving Break, Winter Break, and Spring Break. There is a tuition discount of \$5.00 per week for siblings (\$10 per payment). The bi-weekly payment schedule is as follows:
AM only - \$96 / PM only - \$124 / AM & PM - \$168 (all payments due every other week)
Monthly - payments are due on the (1st) of EACH month. Monthly payments will be:
AM Only – \$201.60 / PM Only – \$260.40 / AM/PM – \$352.80
4. Payments not received by 6:00 PM Wednesday of the week due will be assessed a \$10.00 late fee. Fees may be placed in the payment drop box located in the Stars & Comets office. This box is emptied each evening after closing. You may also mail the payment, if more convenient, to: Stars & Comets - 1551 Belcher Road - Palm Harbor, FL 34683. If payment is mailed it also must arrive to Stars & Comets by the due date.
5. Should you choose to withdraw your child from the program, there will be NO REFUND of fees given for unused days. Also, said withdrawal must occur before the Monday of the next payment week, otherwise you will be obligated to pay for the next two week payment. Two weeks advanced notice of withdrawal from the program is suggested.
6. We reserve the right to dismiss a child whose tuition payment becomes delinquent unless arrangements are made in advance between the parent and the Director or the Board of Education Bookkeeper. If space is still available, the student will be readmitted upon receipt of the outstanding tuition. Parents or guardians who encounter difficulty with the above payment rates are encouraged to talk with the Director or Administrative Assistant prior to the tuition date.
7. A \$40.00 service fee will be charged for all returned checks. (If the bank service charge is higher, the higher rate will prevail.)
8. Late Pickup Fee: \$10.00 per family for the first 15 minutes after 6:00 PM. After the first 15 minutes there is an additional \$1.00 charge per minute.
9. Non-notification Fee: Failure to notify Stars & Comets of a child's absence will result in a \$5.00 NON- NOTIFICATION FEE. PARENTS MUST NOTIFY the STARS & COMETS OFFICE by 12:00 noon if the student will not be attending Stars and Comets for any reason (including illness, vacation, or if the student will not be riding the van for any reason). Families who abuse the non-notification policy may be charged an additional fee or be removed from the center. Also, if your child misses the bus or van due to his / her own delinquency or gross tardiness and the van must make a return trip to pick them up from school, you will be charged a \$5.00 Return Trip Fee for that pickup.
10. Stars and Comets will be CLOSED for the following holidays: Labor Day (9/7), Thanksgiving Day (11/26), the day after Thanksgiving (11/27), Christmas Eve (12/24), Christmas Day (12/25), New Year's Eve (12/31), New Year's Day (1/1), Good Friday (4/2), Memorial Day (5/31), and Camp Prep Day (6/11).
11. If / when the Pinellas County School Board or Palm Harbor United Methodist Church determines that school should be cancelled or the facilities are unsafe due to hurricanes, tornados, floods, or inclement weather, Stars and Comets will also be CLOSED and no refund, discount, or compensation will be given.
12. Students MUST BE SIGNED IN AND OUT by a parent/guardian or previously authorized representative.
13. Field Trips: Parents will be notified at least 24 hours in advance of all field trips. No additional fees will be charged for field trips, their cost is included in your weekly tuition. T-shirts (included in registration fee) ARE REQUIRED FOR ALL FIELD TRIPS. If the child arrives without a T-shirt on a field trip day, he/she will be given another one and the parent will be charged \$6.00. Field trips may be changed due to weather, scheduling conflicts with the trip provider, illness, transportation problems, or other factors beyond our control. NO REFUND WILL BE GIVEN DUE TO THESE CHANGES. The cancelled trip will be replaced with an activity, special event, or a later field trip. Departure times will be posted in advance. Please make sure that your child is here by the appropriate time indicated. Students arriving late may not make their field trip. Field trip transportation needs are determined at the time of departure. If your child is not present at time of departure, the program considers them absent for the day unless prior accommodations have been arranged through the office. Therefore students will

not be allowed to be dropped off at a field trip site unless adequate transportation back to the program is available. Posted return times may vary due to traffic or safety concerns beyond our control. Should extreme delays occur you will be notified by phone.

14. **Snack / Meals:** Stars and Comets offers an afternoon snack daily. On days where the students are on site all day (full days), a morning and afternoon snack will be provided. Students must bring a lunch on all full days unless otherwise notified in advance. Parents will be called to bring a lunch for any student arriving to the program without a lunch. If the parent cannot be reached the student will be given a replacement lunch and a \$5 FEE will be assessed to your account.
15. **Cell Phones:** Please do not allow students to bring cell phones to the program. They will have no need for them while they are here and all staff will have a cell phone or communication device in case of emergency. Students who bring a cell phone will be told to TURN IT OFF (NOT ON VIBRATE), put it away with their belongings, and asked not to bring it back. Any student not complying with the above rules WILL HAVE THEIR CELL PHONE CONFISCATED and returned to the parent at time of pickup. Students who continue to disobey the cell phone policy will face the discipline action stated in the code of conduct below.
16. **Movies:** While at Stars and Comets, students are allowed to view movies rated G and PG that will be selected by a staff member. Stars and Comets will make a concerted effort to screen or review any movie selected for the program. Offsite movie selections will be made in advance and posted. If there is a specific movie you wish for your child to see or not to see please notify their teacher and / or an office staff.
17. **Faith Content:** Stars & Comets is a Christian before / after school care program, and a ministry of Palm Harbor United Methodist Church. While at camp, children will encounter some level of exposure to the Christian faith. Students are encouraged to grow their faith and given core principles (through the 2-5-2 Basics Curriculum) that focus on KEY CHRISTIAN VALUES such as Determination, Fairness, Generosity, Gratitude, Honesty, Hope, Love, Obedience, and many more. Other forms of faith content may include: instructor led prayer during chapel, kid's praise and worship songs during chapel, instructor led or group style prayer over food, Bible stories, and more. There are also optional programs offered through Palm Harbor United Methodist Church that involve spiritual content. These programs include Bible Club, Cherub Choir, Rainbow Choir, and Network 45.
18. **Dress Code:** As we are a Christian before and after school care program we expect students to dress moderately and appropriately. Please no spaghetti straps or mid-drift tops. Skirts and tops must be loose fitting and be an appropriate length. Shorts should have at least a 3 inch inseam. Clothing should not have printing or graphics on it that is inappropriate for a Christian before and after school care program. **WE RESERVE THE RIGHT TO REFUSE A STUDENT WHOSE DRESS IS INAPPROPRIATE**
19. **Code of Conduct:** Stars and Comets' goal is to offer a safe, enriching experience for all students in a loving Christian environment. Reasonable rules and regulations are essential to ensure each child's safety and allow each child to experience full enjoyment of our program. **PLEASE REVIEW THE PROGRAM'S CODE OF CONDUCT AND DISCIPLINE POLICY WITH YOUR CHILD.**
 - a. Student will stay with teacher in assigned activity area and must have consent from staff to go to another area.
 - b. Student will show courtesy, respect, and good manners toward fellow students and staff members.
 - c. Student will use appropriate language; NO profane or inappropriate language or gestures.
 - d. Student will keep hands and feet to themselves. No kicking or hitting. **NO FIGHTING.**
 - e. Student will be respectful of property belonging to the center and fellow students. *Parent / Guardian will be responsible for payment of any damaged or destroyed property.*
 - f. Good sportsmanship and fair play must be displayed at all times.
 - g. Violent toys or instruments will not be allowed.
 - h. Student will abide by all van safety rules:
 1. Student is to remain seated and have **SEAT BELT BUCKLED AT ALL TIMES.**
 2. Student will exit bus / van **ONLY** as the driver or staff member directs.
 3. Student will remain in assigned loading area and will not enter van / bus until the driver or staff member indicates it is safe to do so.
 4. A quiet voice will be used at all times – **NO YELLING.**
 5. Student will sit in assigned seat if designated or if the driver appoints one.

FAILURE TO OBEY THE ABOVE RULES MAY RESULT IN THE FOLLOWING PROGRESSION OF DISCIPLINARY ACTION:

- a. Students will be given two verbal reprimands.
- b. A third verbal reprimand will be accompanied by a period of "time out" (in view of staff member) which may include partial missed time on a field trip or during a special activity.
- c. A student conference with the Director.
- d. A written notice requiring a parent / guardian signature will be issued.
- e. A field trip or special activity may be taken away or the student may be moved to another class or group for a period of time to be determined by the Director.
- f. After three written notices or student conferences, a parent conference with the Director may be scheduled.
- g. When it is deemed necessary by the Director, parent / guardian may be called to take the student home.
- h. Student may be suspended from the program for a time period to be determined by the Director.
- i. If the student cannot be kept safe in our care, the student is jeopardizing the safety of other students in our care, or all other prior discipline measures have been exhausted and failed, the student may be expelled from the program at the discretion of the Stars and Comets Director and Director of Schools.

- j. Any behavior that is deemed malicious, violent, or results in physical and / or property damage may result in advanced stages of discipline, including, but not limited to, immediate suspension and recommendation for expulsion from the program (to be determined by Stars and Comets Director and the Director of Schools).

STARS AND COMETS and its staff reserves the right to implement any of the above steps deemed necessary, based on the severity of the behavior or actions taken by the student.

20. As parent and/or legal guardian, I give permission to Palm Harbor United Methodist Church and any of its aliases (Camp CUBBER, Camp CrossRoads, Stars and Comets, etc.) to use the above named child's photo for any necessary or appropriate church related publicity purposes; however, no internet based publicity will be done without additional consent.

21. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("student"). I, in my own behalf and on behalf of the student, agree to release and to hold harmless Palm Harbor United Methodist Church, Inc. and Stars & Comets, and their respective directors, officers, representatives, ministers, members, agents, employees and volunteers from any and all liability for negligence or any other claim judgment, loss, cost and expenses arising out of or connected with attendance at Stars & Comets, and any claim arising out of or connected with any illness or injury that Minor may incur or sustain during the program, all activities associated with the program, and while traveling to and from the site for the program.

I have read and agree to the fees, policies, procedures, and releases described above. I have reviewed, fully understand, and explained to my child the code of conduct, including the expected behavior and the consequences if not upheld.

Parent/Guardian Signature _____ Date _____

FIELD TRIP PERMISSION

I GIVE MY CONSENT FOR MY CHILD _____ TO GO ON ANY FIELD TRIP WITH P.H.U.M.C. STARS AND COMETS AND TO MAKE INCIDENTAL STOPS EN ROUTE AND RETURN AS MAY BE DESIRABLE OR NECESSARY. I WILL BE NOTIFIED IN WRITING 24 HOURS IN ADVANCE OF THE DESIGNATED SITE OF THE FIELD TRIP INCLUDING NECESSARY DETAILS. I UNDERSTAND THAT I HOLD PALM HARBOR UNITED METHODIST CHURCH AND STARS & COMETS, ITS OFFICERS, AGENTS, AND EMPLOYEES HARMLESS FROM ANY AND ALL LIABILITY CLAIMS, WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THIS ACTIVITY. I AUTHORIZE SCHOOL REPRESENTATIVES TO OBTAIN MEDICAL TREATMENT FOR MY CHILD IN CASE OF ILLNESS OR INJURY AND AGREE TO PAY FOR ANY EXPENSE INCURRED FOR THIS TREATMENT.

I FULLY UNDERSTAND THAT PARTICIPANTS ARE TO ABIDE BY ALL RULES AND REGULATIONS GOVERNING CONDUCT DURING THE TRIP. ANY VIOLATION OF THESE RULES MAY RESULT IN A CHILD'S REMOVAL FROM PART OR ALL OF THE FIELD TRIP AND THE PARENT / GUARDIAN MAY BE NOTIFIED TO PICK THEIR CHILD UP FROM THE FIELD TRIP LOCATION.

Signature _____ Date _____
 Sign in the presence of a Notary

STATE OF FLORIDA: COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this _____ day of _____, 2009 by

_____, who is _____ personally known to me or _____ has produced the

following identification: FL DRIV LIC #: _____ or OTHER: _____.

 Signature of Notary Public

(Notary Seal)

ADDITIONAL INFORMATION:

Field Trip Shirt Size: (Circle One) Youth Sm Youth Med Youth Lrg Adult Sm Adult Med Adult Lrg
 Family E-Mail (Used for Field Trip Updates, Parent Memos, Monthly Newsletters, and Parent Surveys):

RELEASE FOR EMERGENCY CARE

This form must be the original notarized form and contain only one child's name.

PLEASE FILL OUT BOTH COPIES COMPLETELY. TWO ORIGINALS NEEDED FOR FILE.

Child's Name: _____ D.O.B.: ____ / ____ / ____ Last Tetanus: _____ / _____
Month Year

Allergies: _____ Medications Routinely Taken: _____

Mom: Home Telephone: (____) _____ Work / Cell: (____) _____

Dad: Home Telephone: (____) _____ Work / Cell: (____) _____

Child's Physician/Health Care Resource: _____ Telephone (____) _____

Address: _____
Street Address (number, apt., street) City State Zip Code

Medical Insurance Co: _____

Policy Number: _____ Expiration Date: _____

Emergency Contact (if for some reason the custodial parent / guardian cannot be reached):

Name _____ Address _____
Street Address (number, apartment, street) City State Zip

Home Phone: _____ Work or Cell Phone: _____

PLEASE SIGN IN THE PRESENCE OF A NOTARY:

I hereby give my consent to consult the child's physician / health care resource listed above in case of emergency if parent / guardian cannot be reached. I also hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I also give consent to transport by ambulance if the situation warrants it.

Signature _____ Date _____
Custodial Parent / Legal Guardian (Affiant)

STATE OF FLORIDA: COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this _____ day of _____, 2009 by _____, who is _____ personally known to me or who _____ has produced the

following identification: FL DRIV LIC: _____ US MILITARY ID: _____

US PASSPORT: _____ OTHER: _____
(Describe)

Signature of Notary Public

(Notary Seal)

RELEASE FOR EMERGENCY CARE

This form must be the original notarized form and contain only one child's name.

PLEASE FILL OUT BOTH COPIES COMPLETELY. TWO ORIGINALS NEEDED FOR FILE.

Child's Name: _____ D.O.B.: ____ / ____ / ____ Last Tetanus: _____ / _____
Month Year

Allergies: _____ Medications Routinely Taken: _____

Mom: Home Telephone: (____) _____ Work / Cell: (____) _____

Dad: Home Telephone: (____) _____ Work / Cell: (____) _____

Child's Physician/Health Care Resource: _____ Telephone (____) _____

Address: _____
Street Address (number, apt., street) City State Zip Code

Medical Insurance Co: _____

Policy Number: _____ Expiration Date: _____

Emergency Contact (if for some reason the custodial parent / guardian cannot be reached):

Name _____ Address _____
Street Address (number, apartment, street) City State Zip

Home Phone: _____ Work or Cell Phone: _____

PLEASE SIGN IN THE PRESENCE OF A NOTARY:

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Signature _____ Date _____
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STATE OF FLORIDA: COUNTY OF PINELLAS

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_____, who is _____ personally known to me or who _____ has produced the

following identification: FL DRIV LIC: _____ US MILITARY ID: _____

US PASSPORT: _____ OTHER: _____
(Describe)

Signature of Notary Public

(Notary Seal)