



## Aftercare Intent Form

(Complete One per Child)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

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

**I intent to enroll my child in Aftercare Program:**

\_\_\_\_\_ **M - F Full Time 5 days a week (3:05 – 5:00) \$17.50 (per day per child)**

\_\_\_\_\_ **M – F 3 – 4 days a week (3:05 – 5:00) \$17.50 (per day per child)**

\_\_\_\_\_ **M – F 1 – 2 days a week (3:05 – 5:00) \$17.50 (per day per child)**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Payment of a non-refundable \$50 (\$80 per family) registration fee will reserve a space for this student. Tuition is due on the 10th of every month. Tuition due the 10th of each the month, payments received after the 10th will make the student ineligible for care the following month.**

**\*Drop-in requests require a minimum 24 hours' notice and are subject to availability, based off student to staff ratios (\$19.50 per day per child).**



## After Care Fee Schedule 2025-2026

### **Full Time**

PM- \$17.50/day

### **Drop In Care**

PM- \$19.50/day

### **Late Fees**

\$5/per minute late pick up fee (due upon pick-up)

\$20 tuition late fee

\$20 fee for NSF/returned checks

\*All payments are due no later than the 10<sup>th</sup> of each month to be eligible for care the following month. Full time rates are applicable to days scheduled prior to the beginning of the new month. Drop in care rates apply to dates added within a given month and are subject to availability, with a minimum of 24 hours notice for requests. Drop in care is only available for currently enrolled students.

Care is provided on student contact days only.



## After Care Emergency Contact Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Parent/Gaurdian Information

Name			
Address			
City	Zip	Email	
Cell Number	Work Number	Other	
Employer	Occupation		

Name			
Address			
City	Zip	Email	
Cell Number	Work Number	Other	
Employer	Occupation		

Are parenting responsibilities shared (please circle)?    Yes       No

Are there any court orders that restrict parental access (please circle)?    Yes       No

If **yes**, please provide the court order.

### Authorized Pick Up

Name		Relationship to Child
Phone Number		

Name		Relationship to Child
Phone Number		

Name		Relationship to Child
Phone Number		

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



## After Care Parent Responsibility Summary

Child's Name \_\_\_\_\_

Addenbrooke Classical Academy parent or guardian responsibilities are as listed below:

Please initial beside each statement after reading.

- \_\_\_ Turn in required paperwork on time.
- \_\_\_ Acknowledge that refunds/credits will not be issued for illness absences, weather related closures, or unused days.
- \_\_\_ Pay all tuition and fees on time as required no later than the 10<sup>th</sup> of each month. Payments received after the 10<sup>th</sup> of the month are subject to late fees and/or suspension from the program for one month.
- \_\_\_ Pick up your child on time. A late pickup will result in a \$5 per minute late fee charge. Excessive late pickups (3 or more) will result in termination of enrollment from the program.
- \_\_\_ Upon withdrawal or termination of enrollment all outstanding fees are due.
- \_\_\_ I understand that drop in care must be requested a minimum of 24 hours in advance and is subject to availability based on staff to student ratios.
- \_\_\_ I understand that in order to maintain enrollment in the after care program my student(s) must access after care on a regular basis. An absence from after care lasting longer than two months will result in my student(s) spot being released to a family on the waitlist.

Parent Handbooks are available on the Addenbrooke Classical Academy website . <http://www.addenbrooke.org>

I read and understand the above Parent Responsibility Summary along with the other materials connected with my child's registration in this Before and After Care program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

HEALTH CONCERNS	YES	NO	MEDICATION (Name, Dosage)	ACTIVITY RESTRICTIONS	COMMENTS
ASTHMA/ RESPIRATORY					
ALLERGIES				List:	Reaction:
DIABETES					
SEIZURES/ NEUROLOGICAL					
HEART/BLOOD					
MUSCLES/BONES/J OINTS					
BLADDER/KIDNEY					
STOMACH/ INTESTINES					
SKIN					
HEARING					
Ear Infections?:					
Tubes/Date?:					
VISION					
Eye glasses?					
Eye surgery?					
SPEECH					
PSYCHOLOGICAL					
HEADACHE					
DENTAL					

Routine or daily medications (not listed above):

Other concerns:

ILLNESSES, HOSPITALIZATIONS, ACCIDENTS/ INJURIES:  
Illnesses and dates:

Hospitalizations/reason/dates:

Accidents/Injuries and dates:

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## General Permission Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Photography/Video Recording

There may be times during the year when we will videotape and photograph our students and/or classroom. The videos and photographs will be used for staff training, parent workshops, medical publication, and to inform legislators, educators and other parents about our program.

I give permission for my child to be videotaped and or photographed for the above reasons.

YES \_\_\_\_\_ (INITIALS) NO \_\_\_\_\_ (INITIALS)

### Videos/Movies

I give my child permission to occasionally view a video/movie (rated PG) after school hours.

YES \_\_\_\_\_ (INITIALS) NO \_\_\_\_\_ (INITIALS)

### Authorization for Emergency Medical Care

The undersigned do hereby authorize Addenbrooke Classical Academy Personnel or such substitute as he/she may designate as agent for the undersigned to consent to X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for my child which is deemed advisable by and to be rendered under general or special supervision of any physician and surgeon licensed under the Provision of Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office or said physician or dentist, at a hospital, or elsewhere.

Name of Preferred Hospital: \_\_\_\_\_

Child's Primary Care Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have active medical coverage? YES NO

Insurance Company Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

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

## **DISCIPLINE PHILOSOPHY AND PROCEDURES**

**Addenbrooke Classical Academy students are expected to act appropriately at all times in the classroom and lunchroom, in the hallways and bathrooms, during recess, on Field Trips and at any school function. Students should be well behaved as developmentally appropriate and respect themselves, others, and property.**



Appropriate behavior should follow our Four School Rules.

### **Four School Rules**

1. Keep all communications honoring to one another and oneself.
2. Keep your hands and feet to yourselves.
3. Respect and obey all supervising adults.
4. Be a good caretaker of all things.

### **Discipline Philosophy and Procedure**

The purpose of “discipline” is inherent in the term itself. The term “discipline” derives from a word indicating a “learner” or “student” (disciple). It is not the intention of the school discipline policy to simply punish a student for wrongdoing, but to instruct, train, and educate that student so that he or she will make a better choice at the next opportunity. To accomplish this goal, a simple three-step process is encouraged: first, a teacher or administrator gives an instruction (communication). Next a student makes a decision to follow and obey that instruction or not (choice). Finally, the teacher (administrator) sees to it that an appropriate result is received (consequence); if the student obeys and responds properly the appropriate consequence is commendation (or reward), if not the student is corrected and “disciplined.”

Each faculty member will receive direction and instruction in these procedures, and individual classroom guidelines will be established by the faculty. If these steps do not produce a positive response from the student, the administration will be invited into the procedure. It is the policy of Addenbrooke Classical Academy to communicate with parents as early in the process as is appropriate and warranted.

Inappropriate behavior is behavior that interferes with the teaching and learning process. It is Addenbrooke Classical Academy’s philosophy that teachers have the right to teach and students have the right to learn. It should be noted that as a Jefferson County Public School, we follow the *Jefferson County Public Schools Student Conduct Code*. The *Jefferson County Public Schools Student Conduct Code* booklet will be given to parents at Registration. The booklet details state law concerning student conduct.

One of the most important lessons for any student to learn is how to respect authority, respect the rights of others, and take care of his or her own and others’ property. Additionally, no student will be allowed to disrupt the education of other students. Although it is necessary to have school and classroom rules, our emphasis will not be on do’s and don’ts, but guiding the student to a proper response to any given situation. In order to accomplish this, we will set discipline standards that are enforced fairly and consistently (recognizing that due to age, experience, and other factors, not all students are the same and need individualized attention).

Since the classroom teacher is the one who works closest with the children, he or she carries the bulk of the discipline responsibility. It is important that the teacher works closely with the parents in these matters and communications are open and honest. It is of utmost importance that the teacher and parents work together as a team in discipline matters.

### **After Care Discipline Procedures**

Addenbrooke Classical Academy after care utilizes Think Sheets to inform parents of behavior issues. These reports require a parent signature and that they be returned to school to insure that school-to-home communication has occurred. A phone call home is not always made for a discipline issue.

1. Intervention: When appropriate, a supervising adult uses strategies such as redirection and a verbal discussion to redirect the behavior.
2. Upon the First Incident: The student will be redirected and the behavior will be addressed. Parents will be notified of the incident.
3. Upon the Second Incident: The student will complete a Think Sheet that the parents will need to sign.
4. Upon the Third Issuance of a Think Sheet: The After Care Director and Coordinator will set up a meeting with student's parents. The student will receive a one-day suspension from after care. During the meeting the after care staff and family will implement a plan to address the behavior.
5. Upon the Issuance of a Fourth Think Sheet: The students enrollment will be terminated from after care.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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



Fax: (303) 237-1786

### Statement of Physical Condition

Student's Name: \_\_\_\_\_ was given a physical examination  
within the last 12 months on: \* \_\_\_\_\_

Physical Expiration Date: \_\_\_\_\_

Immunization records are up-to-date (Please attach record) \_\_\_\_ Yes \_\_\_\_ No

Chronic medical Conditions: (List) \_\_\_\_\_  
\_\_\_\_\_

Restrictions: (List) \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_ Cleared for age appropriate activities

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name (Print)

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

3940 S Teller Street  
Lakewood, CO 80235  
303.989.1336

<http://www.addenbrooke.org>