



Broadmoor Elementary School

609 Broadmoor Blvd
Lafayette, LA 70503

(337) 521-7620
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David Zielinski, Principal
Charmaine Jones, Asst. Principal

Broadmoor Elementary Before/After-Care Parent Notification Form

I have read, understand, and agree to follow all policies and procedures set forth in the LPSS Extended Care Program.

1. Tuition is \$50 per month for AM services, \$110 for PM services, and \$160 per month for AM & PM services (i.e.....1st -29th, 30th or 31st). There is no proration of tuition. It is set and will not vary month to month.
2. Tuition must be paid by the 5th of the month or a \$10.00 per student late fee will be assessed. The student will be dropped on the 7th of the month if tuition has not been paid.
3. The \$10.00 sliding tuition scale is only applicable to siblings up to the 3rd child in the family.
4. **Program closes at 5:30pm. Students picked up after the program closes will incur a \$1.00 per minute per student late fee. After the third late pickup, the student will be dropped from the program.**
5. There is a "0" tolerance discipline policy. Students will be immediately removed from the program if he or she fails to adhere to Broadmoor Elementary and LPSS rules, policies, and procedures.
6. There will be no refunds issued on remaining tuition balances if a student is removed or withdraws from the program.
7. The Before-Care and After-Care programs are only available to currently registered 2019—2020 students of Broadmoor Elementary.

Parent's Signature

Date

Kathy Lewis
Before/After-Care Site Director

Student Start Date: _____
Student Withdrawal Date: _____



Monthly rates are as follows:
PM only - \$110.00
AM only - \$ 50.00

Student's Name: _____ Grade: _____ Date of Birth: _____

Address: _____ Street _____ Apt# _____ City _____ State _____ Zip _____

Mother's Name: _____ Home Phone #: _____

Cell Phone #: _____ Work Phone #: _____

Father's Name: _____ Home Phone #: _____

Cell Phone #: _____ Work Phone #: _____

Emergency Contact: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Siblings currently in the After-Care Program (Please indicate full name and grade): _____

The following people are allowed to pick up my child:

Parents Signature: _____ Date: _____

Note: Your child will only be allowed to leave with the persons listed on this form. A pictured ID is required to check out a student. Written notification is required in order to change the way a child goes home in the afternoon. Transportation must be provided by parent/guardian. Also, a fee of \$1.00 per minute, per child will be charged for all children picked up after the program closes.