



2023 / 2024 School Year Enrollment Form

After Care Program: 3:15 pm – 6:00 pm

Location: 1314 G St NE, Washington, DC 20002

Ph: (202) 381-0880 Email: info@ritasplacellc.com

Hello Parents and Caregivers!

We are excited to welcome students and their families back to Rita's Place for the 2023 / 2024 school year! We look forward to a fantastic school year continuing to provide age-appropriate activities for children ages 3 to 12 in a safe, fun, and loving environment.

At Rita's Place, we believe children actively engage early in life. So we've individualized our weekly activities to address the whole child's needs through games, puzzles, crafts, outside play at Sherwood Recreation Playground (weather permitting), and stories. Homework assistance is available and we're continuing our Music/Movement and Farm to Table programs.

Our Music and Movement program is designed to teach the children about music and the importance of physical activity. The children experience and learn about different types of music and musical instruments as well as dance and physical activity.

Our Farm to Table Program, is designed to teach the children the basics of gardening, build agricultural awareness, explore the idea of farming, develop openness to experiencing new and fresher foods, encourage healthy personal food choices, and create an appreciation of the environment.

AFTER-SCHOOL CARE & TRANSPORTATION

For the 2023 / 2024 school year, we will continue to offer care on the days that school are closed for students (i.e., teacher work days, half-school days, etc.), and we will not be providing before-school care. Our after-school care hours will remain as they were last year, 3:15 pm to 6:00 pm, and we will continue to provide transportation from your child(ren)'s school to our location at 1314 G Street NE.

DAY CAMP CHILD CARE

We will continue to offer "Day Camp" care for the days there is "No School" for students. Hours for day camp are 9:00 am to 6:00 pm.

OUR COVID POLICY

While COVID-19 continues to be a part of our reality, we have relaxed our COVID policy:

- Masks are no longer required
- Negative COVID test results are required to be submitted if your child is out sick from school with COVID like symptoms. Tests may be submitted via email or text message.

POTTY TRAINING

Rita's Place requires that all children attending our after school care program be completely potty trained. We are not a daycare facility and our classrooms are not equipped for diapering/potty training.

A potty trained child ...

- Will tell the teacher that he/she needs to go to the bathroom before needing to go
- Is able to go to the bathroom on his / her own. That includes being able to remove clothing, sit on the toilet, wipe himself/herself using an appropriate amount of toilet paper, put clothing back on, flush the toilet, and wash and dry hands.
- Is fully aware of using the toilet without reminders from the teachers (although, teachers do make requests of children at various times of the day and before going to the playground).
- Does not wear pull-ups or diapers. He/she must be in regular underwear.
- Is able to postpone going if waiting for someone else who is in the bathroom or if we are outside

INCLEMENT WEATHER POLICY

In the case of inclement weather or the threat of hazardous weather and DC Public Schools are closed or are closing early, Rita's Place will also be closed.

- If DC public schools are closed - Rita's Place will be closed
- If DC public schools close early - Rita's Place will be closed.

AFTER-SCHOOL CARE / DROP-IN FEES

There is a \$50 **non-refundable deposit** required to secure your child's spot in our after-school program. The deposit will be applied to your first month's after-school care billing. The monthly fee for Aftercare is **\$525** (includes transportation cost) and **\$175 per additional sibling**. Drop-ins will be accepted depending on availability of space. The **Drop-in fee is \$50 per day** and **\$25 per additional sibling**. For early release days (i.e. Two Rivers Elementary - Wednesday's early release) there is an additional charge of \$25 per day / per week.

All fees for monthly care are due before the 1st of each month. (For example: April's fees are due March 31st).

Invoices are delivered via email to parents and can be paid directly from that email via credit/debit card, ACH debit from a checking or savings account. _____Initial

Please note **a late fee of \$35 will be charged on the first of the month** if payment is not received by due date. If your check is return as NSF, there is a **\$40 returned check fee**. If your payment is returned, only cash, credit / debit card or money order will be accept as payment. _____Initial

Please be on time as there is a cash only **late fee of \$2.00 per minute, per child**. An additional \$5.00 cash only fee will be charge for all late fees not paid within 24 hours. _____Initial

Any behavior that is considered dangerous to the child, other students, or staff will result in **immediate dismissal from Rita's Place without a refund**. _____Initial

A TWO WEEK NOTICE IS REQUIRED before leaving the program. Please note, if a two week notice IS NOT given, you will be responsible for payment of the two weeks your child was expected to be in our program. _____Initial



Student Information

Rita's Place Before and Aftercare
2023 – 2024 School Year

If you have more than one child, please complete a form for each child.

Ph: (202) 381-0880 Fax (202) 248 –7416

Email: info@ritasplacellc.com

Child Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Grade: _____ Homeroom Teacher: _____

School: [] Peabody [] Watkins [] Two Rivers – 4th Street [] Other: _____

Health Conditions / Allergy Information:

Please share any other information that would be helpful in meeting your child's needs:

Parent / Guardian Contact Information:

Parent / Guardian Name Cell Phone Work Phone

Email Address:

Parent / Guardian Name Cell Phone Work Phone

Email Address:

Emergency Contact Information:

Emergency Contact #1 Cell Phone Work Phone

Emergency Contact #1 Cell Phone Work Phone

In the event no one can be contacted, I / We give permission for my child to receive emergency medical treatment. [] Yes [] No

My Child(ren) may be picked up by any of the following people:		
Name:	Relationship	Phone Number(s)
Name:	Relationship	Phone Number(s)
Name:	Relationship	Phone Number(s)

I / We agree to the terms written in the following statements:

INITIAL	STATEMENTS
	<p>PICK-UP AUTHORIZATION</p> <p>I / We will authorize by fax, phone, text, email or letter if my child is to be dismissed with persons other than those listed in the "Pick-Up Information" section listed above or the Emergency Contact section on page 3.</p>
	<p>RELEASE OF LIABILITY, WAIVER AND INDEMNIFICATION</p> <p>I / We agree to discharge, indemnify and hold harmless Rita's Place; employees, agents, or representatives of Rita's Place and all sponsors, participating Volunteer organizations and their agents, employees and representatives, from all claims, demands, actions or judgments which I, or my heirs, executors, administrators or assigns may have for any and all injuries and damages, known or unknown, caused by or arising out of an activity / field trip with Rita's Place.</p>
	<p>PERMISSION TO PARTICIPATE IN AFTER-SCHOOL ACTIVITIES</p> <p>I hereby give permission for my child to participate in afterschool activities sponsored by Rita's Place (to include afterschool trips).</p>
	<p>MEDIA RELEASE</p> <p>I / We give permission for my child to be filmed or photographed while participating in activities. I/We understand that all film or photos are the property of Rita's Place and may be used in displays to the public, to publicize our program or for printed materials by and/or Rita's Place After School Care Program WITHOUT the use of my child's name.</p> <p>I / We also give permission for the use of copies of my child's work created WITHOUT the use of my child's name.</p>
	<p>PERMISSION TO REVIEW SCHOOL DATA</p> <p>I / We will allow Rita's Place to access my child's education records in order to help provide the most effective and comprehensive academic support.</p>

Parent / Guardian's Name (Printed)

Parent / Guardian's (Signature)

Date: