School Age Program Registration

General Information

➢ Eligibility: School Age is open to all children who are in Kindergarten through 5th grade.

➢ Program begins August 24th

➢ Program Hours: 8:00am – 6:00pm

➢ A maximum of 15 students will be accepted, and registration is first come, first served.

➢ There are only a small percentage of spots available for children that need additional supports. Children will be considered on the waitlist until approved by the Inclusion Team.

➢ Breakfast, Lunch, and Snacks are not included in weekly tuition.

➢ Registration opens to current Frazer Center families and staff on August 13th. Please return registration forms to Susie Riddick at s.riddick@frazercenter.org or drop off in the morning.

➢ We will contact you when your child is officially on the roster.

➢ Your child’s virtual school schedule must be turned in with the registration form.
Additional Information

➢ There will be two teachers assigned to the school age group.
  ○ Teachers will offer assistance with their virtual connection and coaching on assignments.
➢ The children will have the opportunity to take advantage of forest walks and activities. Please bring weather-appropriate attire, such as rain boots and rain jacket.
➢ Do bring insect repellent and sunscreen.
➢ Your child must be equipped with: laptop/tablet/chromebook, headphones, needed school supplies and assignments, and face masks.
➢ Any printing of assignments should be done at home if at all possible.
➢ Health and Safety
  ○ Masks required
  ○ Children will be in cohorts by age level
  ○ They will not mix with children from the Child Development Program
  ○ Dedicated class space: Atrium
  ○ Dedicated bathroom with restricted use for school age group only
  ○ Morning and afternoon temperature checks
  ○ Access to hand sanitizer as needed
➢ Drop-off/Pick-up schedule
  ○ All drop-offs/pick-ups will be at the Atrium outside entrance
  ○ Drop-off – 8:00-8:30 a.m. (Breakfast is served promptly at 8:10 a.m.)
  ○ Pick-up – 4:30-6:00 p.m.
  ○ Please call the front desk if early pick-up is needed
➢ Meal times
  ○ Breakfast – 8:10 a.m.
  ○ Lunch – 12:00 p.m.
  ○ Snack – 2:30 p.m.
School Age tuition will be charged weekly, and will not be prorated, regardless of attendance. There will be a $35 service fee for any check returned due to insufficient funds.

**School Age Program Tuition: $300 weekly**

**Meals: $35 weekly** (breakfast, lunch, and afternoon snack)

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**Frazer Center School Age Program Registration Form**

Child’s Name: _______________________________ DOB: _____/_____/_______

Parent’s Name: ______________________________

Phone Number: ______________________________

Parent’s Name: ______________________________

Phone Number: ______________________________

Name of child’s school ____________________________________________

School district ____________________________________________

Grade level __________

Teacher’s name and email address ________________________________

______________________________________________________________

MEALS? ______ yes ______ no

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*Frazer Center | 1815 S. Ponce de Leon Ave, Atlanta, GA 30307 | 404-377-3836 | frazercenter.org*
What do we need to know about your child? (Allergies, special diet, etc)

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

My child has the following differing ability:

_____________________________________________________________________________

_____________________________________________________________________________

Form of Payment (check one):

___ Credit Card on File  ___ Credit Card  ___ Personal Check

My signature below indicates the following:

*I understand the tuition/billing statement as listed above and realize that failure to follow the statement may affect my child’s enrollment.

I also understand that this registration signifies my agreement to enroll my child in Frazer’s School Age Program for the entire nine weeks.

Parent/Guardian Signature: _____________________________________________

Date: ______________

Office Use Only

Date Received: ______________
Received By: ______________
Weeks Confirmed: ___________

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