

Panther Place Before and After School Program

Thank you for enrolling in Panther Place's Before and After School Program.
Please take a moment to look over the following information.

Panther Place Before and After School Program is available to grades PreK-5 on all regular school days.

The program Opens each morning at 6:30 a.m. Please do not drop off before 6:30 a.m. The morning program participants go to class or to MCS at 8:00 a.m.

When arriving, in the morning, please Wait outside or in the vestibule for a Panther Place Staff member to greet you. We are asking parents, who come into the building, to only enter the vestibule area.

Breakfast: Cereal, poptarts and milk will be available until 7:30 a.m. At this time, the district will no longer offer breakfast or free lunches. Panther place will offer breakfast to the before school program participants. The cost for breakfast is as follows:

Cereal - \$.75 each

Poptart - \$.50 each

Milk - \$.55 each

In Teacherease the fees for cereal or poptarts will be in with Panther place fees and the fees for milk will be in with Lunch fees.

The program Closes daily at 5:30 p.m. Please pick up on or before 5:30 p.m. There will be additional charges for late pick up. Excessively picking up late could result in termination from the program. When picking up, in the afternoon, you will be greeted by a Panther Place staff member or through the intercom. If prompted through the intercom, please give the name of who you are picking up from Panther Place. Please Wait outside or in the vestibule and a Panther Place staff member will bring your child and their belongings to you. We are asking parents, who come into the building, to only enter the vestibule area.

Please keep items brought from home, that are not necessary, to a minimum. Water bottles, handheld electronic devices, and sports equipment such as a ball or ball glove are acceptable. Panther place is not responsible for lost or broken items.

If you have any questions, please contact,

Lynae Roberts

Lroberts@mccsd160.com

618-476-7100 ext. 1421

618-604-2291 - Cell

Millstadt C. C. School District No. 160
Panther Place Registration Form
Before and After School Program 2024-2025

Registration Fees

A \$25 Registration Fee per family will be charged each Calendar Year.

Weekly Rates

Weekly fees	A.M. & P.M. 4-5 days	P. M. Only 4-5 days	A. M. Only 4-5 days	A.M. & P.M. 1-3 days	P. M. Only 1-3 days	A. M. Only 1-3 days
1st child	\$70.00	\$55.00	\$40.00	\$50.00	\$40.00	\$30.00
Each Additional Child	\$60.00	\$45.00	\$35.00	\$35.00	\$25.00	\$25.00

Weekly fees are to be paid on Friday for children attending the following week. A late fee of \$10.00 can be charged for payments made after 6:00 p.m. the previous Friday. Students may not attend until all fees have been paid.

Monthly Budget Billing (Savings Plan)

Monthly Budget Billing (Savings Plan)	A.M. & P.M. 4-5 days	P. M. Only 4-5 days	A. M. Only 4-5 days	A.M. & P.M. 1-3 days	P. M. Only 1-3 days	A. M. Only 1-3 days
1st child	\$245.00	\$180.00	\$110.00	\$165.00	\$125.00	\$85.00
Each Additional Child	\$200.00	\$135.00	\$95.00	\$135.00	\$100.00	\$80.00

The monthly budget billing plan is based upon the number of days the student attends divided by 9 equal payments. If the budget plan is selected, you may not switch to weekly payments. The first payment for budget billing will be due the first day of school in August. The remaining payments will be due each month, September through April on the same day as the first day of school. The budget plan provides for a savings and remains the same throughout the year even though the number of days per month may vary. A late fee of \$10.00 could be charged for payments received after the budget billing dates listed above.

Drop-In Students and Early Dismissal Days Rates

Drop-In Students	1 st Child-\$20.00 per day Each Additional Child- \$20.00 per day	This program is for students that are not on a regular schedule and occasionally need after-school care.
Wednesday Only (PLC) Days	\$20.00 per child per day \$375 per child for whole year if paid in full.	Students will be able to attend every Wednesday afternoon from 2:30 p.m. until 6:00 p.m.

Refunds will only be given if the program is cancelled.

Make all checks or money orders payable to:

Millstadt C. C. School District No. 160

Federal Tax ID # 37-6004501

IMPORTANT NOTE: All fees are current but may be subject to change before the start of the school year.

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Student Name: Last _____ First _____ DOB _____ Grade _____

Home Address: _____ Home Phone: _____

Additional Children:

Name: Last _____ First _____ DOB _____ Grade _____

Name: Last _____ First _____ DOB _____ Grade _____

Parent/Guardian Name: _____ Cell Phone: _____

Parent/Guardian-Email Address(s): _____

Employer: _____ Work Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Please indicate the anticipated schedule you are enrolling for: **First day of Attendance:** _____

Full-time (4-5 days per week) _____ Before School Program and/or _____ After School Program

M T W TH F Drop Off: _____ Pick Up: _____

Part-time (1-3 days per week) _____ Before School Program and/or _____ After School Program _____ PLC Only

M T W TH F Drop Off: _____ Pick Up: _____

Payment Choice: _____ Monthly Budget Billing _____ Weekly Payment _____ Pre-K _____ Annually

Emergency Contacts/Authorized Adults Permitted to pick up your child

For the safety and well being of your child, it is required that an adult who is at least 16 years of age sign in and out your child. Complete names and phone numbers are required.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

If you or the emergency contacts cannot be reached, and if in the judgment of the program authorities immediate medical and/or hospital attention is needed, including ambulance service, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital and accept the fees involved? Yes _____ No _____

Please list special health conditions or care instructions to staff:

Parent/Guardian Signature

Date