

# Friends of Alamo School Foundation

## Enrichment Class Policies

Please read the following information related to your child's registration for enrichment classes supported by the Friends of Alamo Foundation (FASF) at Alamo Elementary School. Please email the enrichment programs coordinator at [enrichment@friendsofalamo.org](mailto:enrichment@friendsofalamo.org) if you have questions about any of these policies, or leave a note in the FASF Enrichment Class mailbox in the Alamo school office. By registering your child for any of our enrichment classes, you are accepting FASF policies on the following issues:

### Discipline Policy

We are proactive in our approach towards behavior management.

The expectations listed below are the general expectations we have for all of our program participants.

1. RESPECT FOR OTHERS
2. SAFETY FIRST
3. SPEAK FOR YOURSELF / LISTEN ATTENTIVELY
4. BE RESPONSIBLE

In the event that a child's negative behavior cannot be improved through discussions between the instructor and child, the following steps will be taken:

1. The instructor will inform the parent of the behavior and seek additional suggestions on how to handle the child's behavior.
2. If the negative behavior continues, the parents will be called to the school and meet with the instructor to work out a plan to resolve the situation.
3. We will attempt to provide the necessary support to make success possible.
4. If none of the above measures are effective, the child will be asked to leave the program.

### Special Concerns

Prior to the time of registration, any behavioral problems or special physical, emotional, psychological, allergic or medical needs of your child must be identified and discussed with the program coordinator and/or class instructor.

### Medical Treatment

FASF staff do not normally administer any medication and will do so only when directed to in writing by the child's parent or guardian. However, in the event of an emergency, when the child's parents or guardians cannot be contacted, emergency medical services and FASF/Alamo staff are permitted to take appropriate action in the best interest of the child.

### Payment Policy

Payment for classes must be made when registering your child. Upon completing your child's registration, you will be directed to PayPal.com for processing your payment. If you cannot use PayPal to make your payment, you must email [enrichment@friendsofalamo.org](mailto:enrichment@friendsofalamo.org)

Informing FASF you will pay by check. If payment is not received within 3 days of registering, your child's registration will be dropped.

### **Registration Policies**

1. FASF reserves the right to cancel classes that do not reach minimum enrollment. Parents will be informed if there is a cancellation.
2. Enrollment in one session does not guarantee the student a spot in subsequent sessions. Students are required to register for every session.

### **Refund Policies**

For all classes supported by FASF a refund is given if the request is made prior to the start date of the class or between the first and the second class. No refunds will be issued after the date of the second class. (Please contact the FASF enrichment class coordinator at: [enrichment@friendsofalamo.org](mailto:enrichment@friendsofalamo.org))

The following fees are deducted if the refund is requested on the first day of class or later:

\*\$10 administrative fee.

\*pro-rated class fee for the first session if a class has taken place, regardless if the student attended the class.

### **Lost Items**

FASF is not responsible for any personal items lost or stolen during our programs.

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## **Friends of Alamo School Foundation**

### **Enrichment Classes**

#### **PERMISSION FOR MEDICAL TREATMENT**

I understand that the Friends of Alamo School Foundation (FASF) assumes no financial obligation for medical treatment, but in the event that I cannot be reached in an emergency, I hereby authorize FASF enrichment class instructors and staff to secure medical attention for my child. And, my permission is given to the licensed physician to whom my child is taken to hospitalize, secure proper treatment for, order injections, anesthesia or surgery for my child.

**Name of Child:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_