



Dear Terra Verde Family,

Attached is the application for Bonus Time, TVDS's after school program. Bonus Time hours will run from 3:30pm – 5:45pm, Monday – Friday, each school day. There are 6 options for Bonus Time: **5 Day, 4 Day, 3 Day, 2 Day, 1 Day, or Drop-In**. If you will be using any of these options, **you must complete an application for each child**.

During Bonus Time, your child(ren) will spend time outdoors and have an opportunity to participate in games and crafts. They will also be provided time to complete school work. **You will need to provide a snack for your child(ren)**.

<b>Cost</b>	<b><u>1 child</u></b>	<b><u>2 children</u></b>	<b><u>3 children</u></b>	<b><u>4 children</u></b>
5 Days	\$ 200	\$380	\$550	\$710
4 Days	\$160	\$304	\$440	\$568
3 Days	\$ 120	\$228	\$330	\$426
2 Days	\$ 80	\$152	\$220	\$284
1 Day	\$40	\$76	\$110	\$142
Drop In	\$12 daily	\$24	\$36	\$48

**Late Pick-up fee:** After 5:45, a \$1 per minute late fee will be charged until 6:00pm, per child. After 6:00pm there will be a \$20 charge for every 15 minutes, per child.

Any child who is not picked up by 3:30pm will be automatically taken to Bonus Time and considered a Drop In. For those choosing the Drop-In option, you will be billed at the end of each month. Drop-In care is \$12 per day.

The Bonus Time charge will be added to your auto payment schedule through the FACTS System beginning in September. There are 3 choices for payment: billed over 10 months (Sept-June), biannually (Oct. and Jan.) with a 2% discount, or annually (Oct.) with a 4% discount.

If you choose to drop Bonus Time or make a change after September 15th, there will be a charge of \$50. For those who need a statement with our Federal ID number for childcare reimbursement, you will need to contact the office at Terra Verde for those statements. In January, you will receive a statement showing the total amount paid for childcare expenses for tax purposes.

Please feel free to contact me with any questions.

Thank you,  
Sherri Jones  
Administrative Assistant  
[office@terraverdeschool.com](mailto:office@terraverdeschool.com)  
405-366-6362

## Bonus Time Enrollment

(One form for each child enrolled)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Sibling's attending bonus time: \_\_\_\_\_

**Bonus Time Option: (circle one)**

5 Days      4 Days      3 Days      2 Days      1 Day      Drop In

**Bonus Time Days: (choose)**      Mon      Tue      Wed      Thurs      Fri

**Pick-up time: (roughly)**      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**Payment Options: (circle one)**

**Monthly** (Sept-June)     
 **Biannually** (Oct. & Jan.) 2% discount     
 **Annually** (Oct.) 4% discount

Adults Authorized to pick up child	Contact Number	Relationship to student

I do hereby authorize Terra Verde Discover School personnel to administer minor first-aid treatment when warranted. By checking the appropriate boxes, I further authorize Terra Verde Discovery School personnel to administer the following non-prescription medication.

Non-prescription Medications	Yes	No	Additional Instruction
Acetaminophen			
Antacids			
Ibuprofen			
Throat Lozenges			
Allergy Relief			
Other (specify):			

Special Instructions: \_\_\_\_\_

I have read the medication label(s), and my child does not have any health problems that could be made worse by taking these medications. My child is not taking any other medication(s) at home that could interact with these medications and cause unwarranted side-effects. I will notify the Terra Verde Discovery School in writing if I want these medications stopped.

**Medical Contact:**

Student’s Physician’s Name: \_\_\_\_\_ Office Ph# \_\_\_\_\_

Student’s Dentist’s Name: \_\_\_\_\_ Office Ph# \_\_\_\_\_

Allergic To	Reaction	Treatment	Emergency Action
Foods:			
Drugs:			
Insects:			
Other:			

**Other Medical Conditions:**

Please indicate any significant health history, mental health history or medical condition(s) of which we need to be aware.

\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

Please specify medication(s) and dosage(s) for any medical conditions listed above.

\_\_\_\_\_

**Accident Insurance:**

Health and or Accident Insurance company Name: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Employer: \_\_\_\_\_

Group #: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Insurance Company’s Phone # \_\_\_\_\_

**Authorization/ Consent to Medical Treatment**

In the event my child becomes ill at school or in a school related event and I cannot be reached, Terra Verde Discovery School is authorized by me, in its sole discretion, to take one or more of the following actions: 1) take my child to his physician listed below, 2) take my child to a hospital and give consent to medical care, or 3) release my child to any of the people listed above. The undersigned hereby acknowledges and agrees that Terra Verde Discovery School is not and shall not be financially responsible for any medical care or transportation cost provided for or on behalf of my child. The undersigned agrees to reimburse Terra Verde Discovery School for any such costs.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_