

**WOODFORD COUNTY BOARD OF EDUCATION  
AGENDA ITEM**

**ITEM #:** XK **DATE:** March 6, 2020

**TOPIC/TITLE:** Fees for After School Program ( Explorer Time Company)

**PRESENTER:** Kathy Hogg

**ORIGIN:**

- ☐ TOPIC PRESENTED FOR INFORMATION ONLY (No board action required.)
- ☒ ACTION REQUESTED AT THIS MEETING
- ☐ ITEM IS ON THE CONSENT AGENDA FOR APPROVAL
- ☐ ACTION REQUESTED AT FUTURE MEETING: (DATE)
- ☐ BOARD REVIEW REQUIRED BY

- ☐ STATE OR FEDERAL LAW OR REGULATION
- ☐ BOARD OF EDUCATION POLICY
- ☐ OTHER:

**PREVIOUS REVIEW, DISCUSSION OR ACTION:**

- ☐ NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION
- ☐ PREVIOUS REVIEW OR ACTION

- ☐ DATE:
- ☐ ACTION:

**BACKGROUND INFORMATION:**

**SUMMARY OF MAJOR ELEMENTS:**

Fees have not been substantially increased since 2013-14. Fund balance and yearly carry forward has decreased steadily during the last three years primarily due to step raises, a salary schedule increase and large increases in employer retirement contributions for contracted workers. A healthy contingency is needed to cover summer months where no income is coming in, but we still have expenses for contracted employees for 12 months. Also, a drop in the economy has created a drop in enrollment in the past, which would mean less income. (see rate chart)

**IMPACT ON RESOURCES:** Income increase of \$20,000+ to pay for retirement increase and step raises.

**TIMETABLE FOR FURTHER REVIEW OR ACTION:**

**SUPERINTENDENT'S RECOMMENDATION:** ☒ Recommended ☐ Not Recommended

*Kathy C. Hogg* 3-6-2020 *[Signature]*

CURRENT ETC FEES			
FULL TIME	\$158 MONTH	(about \$9 per day)	(SAME FEES SINCE 13-14 except increase 50cents to make round number in 18-19)
PART TIME/DROP IN		(\$10 Per Day)	(No change since 13-14)
FULL DAY		\$28 PER DAY ( snow day, NTL, PD days)	
REGISTRATION		\$20 PER FAMILY	( decreased from \$35 per child in 2018)
PROPOSED FEES 20-21			
FULL TIME	\$170 MONTH	(\$ 9.71 PER DAY= 8% INCREASE)	( charged for 10 months - yearly fee (175 student days)
PART TIME( 3 days a week or less )	\$132 MONTH	(\$11 per day =10% increase (charged for 10 months) - 3 days a week or less)	
FULL DAY		\$32 (\$14 % Increase)	
REGISTRATION PER FAMILY		\$20 No Change	
*FEE CHANGES WOULD ADD APPROXIMATELY \$22,000 TO \$26,000 PER YEAR INCOME			
200 FT students avg per day) 46 Part Time students 1-4 days a week regular schedule ( approx 20 per day) *approximately 40 kids per month drop in sporadically less than 5-10 days a year and probably may not attend with new rate structure			

Surrounding Districts After School Program Fees						
District/Program Name	Registration Fee	Full-time	Monthly Cost (4-weeks)	Part-time	Monthly Cost (4-weeks)	Summer
Fayette Co. YMCA	\$35.00	\$130.00/bi-weekly	\$260.00	\$70.00/bi-weekly	\$140.00	\$150.00 = Members \$175.00 = Non-Members
Franklin Co. (only open until 5:30pm daily)	\$30.00	\$50.00/weekly	\$200.00	N/A	N/A	\$100.00/weekly
Frankfort Independent YMCA	\$35.00	\$104.00/bi-weekly	\$208.00	N/A	N/A	\$115.00/weekly
Scott Co. (Tina Whitt at Northern Elementary)	\$30.00/child	\$12.00/day	Billed according to the number of school days in the month	\$15.00/day (1-4 days/week)		\$20.00
Jessamine Co.	\$30.00	\$55.00/weekly	\$220.00	N/A	N/A	\$115.00/weekly
Falling Springs Sunshine Camp	\$55.00	N/A	N/A	N/A	N/A	\$122/weekly for 1 child if attending 5 days
WOODFORD COUNTY ETC	\$20.00	158.00 Month	\$158.00	\$10.00/day	charged per day attended	\$28.00
						\$28.00
						Minimal Field Trips during Summer- \$15

**WOODFORD COUNTY BOARD OF EDUCATION  
AGENDA ITEM**

**ITEM #:**            **DATE:** March 5, 2020

**TOPIC/TITLE:** Approval of Preschool and After School Care Forms

**PRESENTER:** Kathy Hogg

**ORIGIN:**

- ☐ TOPIC PRESENTED FOR INFORMATION ONLY (No board action required.)
- ☒ ACTION REQUESTED AT THIS MEETING
- ☐ ITEM IS ON THE CONSENT AGENDA FOR APPROVAL
- ☐ ACTION REQUESTED AT FUTURE MEETING:            (DATE)
- ☐ BOARD REVIEW REQUIRED BY

- ☐ STATE OR FEDERAL LAW OR REGULATION
- ☒ BOARD OF EDUCATION POLICY
- ☐ OTHER:

**PREVIOUS REVIEW, DISCUSSION OR ACTION:**

- ☐ NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION
- ☐ PREVIOUS REVIEW OR ACTION

- ☐ DATE:
- ☐ ACTION:

**BACKGROUND INFORMATION:**

**SUMMARY OF MAJOR ELEMENTS:**

Approval of forms for 20-21 to prepare for registration and enrollment beginning in April 2020. Two versions are presented depending on programming and rate decisions on this month's agenda. Minor changes in enrollment form to match district form.

**IMPACT ON RESOURCES:** NA

**TIMETABLE FOR FURTHER REVIEW OR ACTION:** ASAP so registration can begin in April 2020

**SUPERINTENDENT'S RECOMMENDATION:** ☐ Recommended            ☐ Not Recommended

 3-6-2020



Version #1  
with increase

**Explorer Time Company Registration 2020-2021**  
**830 Tyrone Pike**  
**Versailles Ky. 40383**  
**(859)879-4628**

Explorer Time Company is a nonprofit after school program which operates at all four of Woodford County's elementary schools. Each site is state licensed and has been a STARS rated facility since 2010.

Two statuses are offered- Full time, which is every day after school and Part time, which is as needed only. Full time students are given priority and tuition is expected regardless of the number of days your child attends each month.

**Part time is to be paid prior to services.**

The registration form must be complete upon submission or it will be returned to you. You must submit a current immunization certificate upon registration or your forms will not be accepted. (If your child was with ETC last year we will still have that on file as long as it is current.)

**Fees**

**Yearly Registration fee: \$20.00 per family to be paid upon registration.**

**Full Time**

After school only	1 child	\$170.00	monthly
After school only	2 children	\$312.00	monthly
After school only	3 children	\$459.00	monthly

**Part time \$ 10.00 per day/ per child**      **No discount given for part time siblings**  
*minimum of 3 days per week*

**Contact Information**

**Southside ETC 753-7210**  
**Simmons ETC 753-7705**

**Huntertown ETC 753-7609**  
**Northside ETC 753-7163**

**Program Manager Ashley Sullivan 621-1621**

*Please make checks or money order to ETC. Registrations and payments can be mailed to:  
830 Tyrone Pike Versailles Kentucky 40383 Attention: Ashley Sullivan Questions or  
additional information can be addressed to: Ashley.sullivan@ woodford.kyschools.us*



Explorer Time Company  
830 Tyrone Pike  
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2019-2020

### Student Information

Last Name: _____		First Name: _____	
Date of Birth: _____	Age: _____	Grade: _____	Gender: Male _____ Female _____
Home Address: _____		City: _____	State: _____ Zip code: _____
Child resides with Mother _____		Father _____	other _____ School: _____
Allergies: _____		Daily Medications: _____	
Status: Full time: _____		Part time : _____	

### Primary Guardian

Last Name: _____	
First Name: _____	
Home Address: _____	
City: _____	State: _____ Zip code: _____
Phone number: _____	
email address: _____	
Employed @: _____	
Work phone: _____	

### Secondary Guardian

Last Name: _____	
First Name: _____	
Home Address: _____	
City: _____	State: _____ Zip code: _____
Phone number: _____	
email address: _____	
Employed @: _____	
Work phone: _____	

### Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_  
Hospital: \_\_\_\_\_

As the lawful parent or guardian of the above child, a minor child of whom I have custody and control, do hereby authorize the agents and employees of the Woodford County Board of Education to procure such emergency medical treatment as may be reasonably necessary to provide for the health and wellbeing of said minor child at any time that such minor is in the custody of said Woodford County Board of Education employee while in attendance at school, in attendance at the Explorer Time Company enrichment program, or while in route to or from a school. I further authorize the said agents or employees of the Woodford County Board of Education to sign any and all consents required by physicians or hospitals in connection with said emergency treatment, including but not limited to the administration of anesthesia, disposal of tissue, the taking of photographs, moving pictures, television pictures, etc, the drawing of blood samples, and the performance of such additional operations or procedures as are considered necessary or desirable in the judgment of the attending physician or hospital authorities. In connection herewith, the Woodford County Board of Education agrees that it will direct its agents and employees to make a reasonable attempt to contact the parent or guardian of the child if emergency medical care or treatment is necessary and that the above authorization and consent is for the purpose of providing emergency care and treatment for the child when the parent or guardian cannot be located.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Explorer Time Company  
830 Tyrone Pike  
Versailles Ky. 40383 (859)879-4628

**Authorization for Child Departure/Pick-up**

Name	Relationship	Phone Number

**My child may be photographed/video: Yes/no**  
**My child can have internet access : yes/no**

**My child may watch PG movies: yes/no**  
**My child has an IEP/504 plan: yes/no**

\*If there is a guardianship or custody agreement, copies of the court documents must be on file with ETC.  
\*Only those persons listed above may pick up the child named. If permission change, notify ETC immediately.  
\*I understand that I being the lawful parent or guardian of the child registered with ETC am solely responsible for all payments.  
\*I have been provided with or will obtain a copy of the parent handbook which outlines the policies and expectations of the program.  
\* I understand that a copy of ETC Emergency Action Plan is available upon request.  
\*I understand that the laws that govern Kentucky Child Care license require Explorer Time Company to have a current immunization certificate accompany all registrations.  
(If your child participated with ETC the previous year and the certificate hasn't expired we will still have that on file. **If it has expired you will be expected to provide a current one upon registration.**)  
**Registration must be completely filled out before submitting. In the case of ANY missing information the form will be returned to you which will delay in enrollment.**

**Parent/Guardian Signature; \_\_\_\_\_ Date: \_\_\_\_\_**



Version #2  
no fee change

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**Part time is to be paid prior to services.**

The registration form must be complete upon submission or it will be returned to you. You must submit a current immunization certificate upon registration or your forms will not be accepted. (If your child was with ETC last year we will still have that on file as long as it is current.)

**Fees**

**Yearly Registration fee: \$20.00 per family to be paid upon registration.**

**Full Time**

After school only	1 child	\$158.00	monthly
After school only	2 children	\$298.00	monthly
After school only	3 children	\$438.00	monthly

**Part time \$ 10.00 per day/ per child** **No discount given for part time siblings**  
*minimum of 3 days per week*

**Contact Information**

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2019-2020

### Student Information

Last Name: _____	First Name: _____
Date of Birth: _____	Age: _____ Grade: _____ Gender: Male _____ Female _____
Home Address: _____	City: _____ State: _____ Zip code: _____
Child resides with Mother _____ Father _____ other _____	School: _____
Allergies: _____	Daily Medications: _____
Status: Full time: _____	Part time : _____

### Primary Guardian

Last Name: _____
First Name: _____
Home Address: _____
City: _____ State: _____ Zip code: _____
Phone number: _____
email address: _____
Employed @: _____
Work phone: _____

### Secondary Guardian

Last Name: _____
First Name: _____
Home Address: _____
City: _____ State: _____ Zip code: _____
Phone number: _____
email address: _____
Employed @: _____
Work phone: _____

### Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_  
Hospital: \_\_\_\_\_

As the lawful parent or guardian of the above child, a minor child of whom I have custody and control, do hereby authorize the agents and employees of the Woodford County Board of Education to procure such emergency medical treatment as may be reasonably necessary to provide for the health and wellbeing of said minor child at any time that such minor is in the custody of said Woodford County Board of Education employee while in attendance at school, in attendance at the Explorer Time Company enrichment program, or while in route to or from a school. I further authorize the said agents or employees of the Woodford County Board of Education to sign any and all consents required by physicians or hospitals in connection with said emergency treatment, including but not limited to the administration of anesthesia, disposal of tissue, the taking of photographs, moving pictures, television pictures, etc, the drawing of blood samples, and the performance of such additional operations or procedures as are considered necessary or desirable in the judgment of the attending physician or hospital authorities. In connection herewith, the Woodford County Board of Education agrees that it will direct its agents and employees to make a reasonable attempt to contact the parent or guardian of the child if emergency medical care or treatment is necessary and that the above authorization and consent is for the purpose of providing emergency care and treatment for the child when the parent or guardian cannot be located.

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_





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