208-246-9727

Smart Start **After School Care 2026**



Based out of
Smart Start Preschool
in Hidden Springs
13399 N. 1st Ave.



Monday – Friday
3:15-6:00 pm
Ages: Pre-k -3rd grade
Pick up from Hidden Springs Elementary

AFTER SCHOOL*: Children are picked up from Hidden Springs Elementary when school releases at 3:15, (1:15 on Early Release Days) and we are open until 6:00. Activities are centered around art, outside games, science, library, time with friends, and daily homework assistance.*

CAMP DAYS *may be offered on vacation days from school during Fall, Winter and Springs Breaks, for an additional fee based on interest.*

Mondays: Science & Projects
Tuesdays: Outside Games
Wednesdays: Arts & Crafts
Thursdays: Builders & Board Games
Fridays: Fun Days!

Smart Start
After School Care 2026/2027

PRICE SHEET

Tuition is due August - May and is due on the first of each month.

AFTER SCHOOL CARE

2 set days/week = $190/month
3 set days/week = $280/month
4 set days/week = $365/month
5 days/week = $415/month

DROP IN = $30/day

GENERAL POLICIES:

*Please provide an **after school snack** each day—something separate from your child's lunch.
*Please text the school if your child will not be attending. A "*Forgot to inform you*" fee of $10 will be added for failure to communicate absences.
*Children must be signed out each day.
*Tuition is due on the first of each month, auto withdrawal is the preferred method of payment.
*We will follow the Boise School District calendar for all school closure days, including snow days.
*Child Care MAY be offered on No-School days for an additional fee (based on demand).
*There are no make up days for absences.
*Care will be offered for extended hours on early release days for no extra charge for those currently enrolled. Drop-in fee for early release days is $45.
*Monthly tuition is averaged over a ten month school year, August through May.
*Tuition remains consistent regardless of absenteeism or the number of days in any given month.
***A one-month notice is required** for schedule changes or withdrawal from the program.

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Smart Start After School Care

REGISTRATION 2026/2027

To Make Reservations:

Please fill out the registration form below and return to Smart Start Preschool.

1. Child's Name _____ Age _____ Date of Birth _____ Grade _____

2. Child's Name _____ Age _____ Date of Birth _____ Grade _____

Name of Parent _____ Phone # _____ Cell # _____

Mailing Address _____ Email _____

AFTER SCHOOL CLUB: 3:15 pm - 6:00 pm

☐ **Mon** ☐ **Tue** ☐ **Wed** ☐ **Thu** ☐ **Fri**

☐ **Random: Random/Drop-In schedules will be available is space allows.**

Please include a $50 per child or $75 per family, non-refundable annual registration/materials fee

☐ ***Please deduct the registration fee*** ☐ ***Registration fee* enclosed**

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS 2026/2027

I authorize Smart Start Preschool to initiate debit entries from my account, in the amount of:

$_____ on the first of each month, for the months of _____ through May 2027, at the depository financial institution named below. ***A half payment of the above amount is due August, 2026*

☐ *Please also deduct any additional fees accrued for drop-in days or fall, winter & spring camp days-- To be and added to the following month.*

BANK

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until Smart Start Preschool has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Name _____

Signature _____ Date _____

Smart Start Preschool

Emergency Authorization Form

1. Child's Name _____ Date of Birth _____ Going into Grade _____

Allergies or Medical Restrictions_____

2. Child's Name _____ Date of Birth _____ Going into Grade _____

Allergies or Medical Restrictions_____

Home Address _____

Mother's Name _____ Phone # (Home) _____
(Work) _____
email address _____ (Cell) _____

Father's Name _____ Phone # (Home) _____
(Work) _____
email address _____ (Cell) _____

Emergency Contact (Other than Parent)

Name _____Phone # (Home) _____
(Work) _____
Relation to child _____ (Cell) _____

(If applicable) Names of caregiver who will be regularly caring for your child, and have permission to pick up your child :

Name _____Relation _____ (Home)_____ (Cell) _____

- Smart Start representatives may take my child for outings around Hidden Springs. ☐ **YES** ☐ **NO**
- Smart Start has my permission to photograph the above child(ren), and use any photographs for such purposes as advertising brochures, company website, emails or publicizing. ☐ **YES** ☐ **NO**
- I have read and understand the general policies. ☐ **YES** ☐ **NO**

Authorization for Medical Emergencies

As a parent or legal guardian of _____, a minor born on _____ I hereby authorize Smart Start Preschool to secure emergency medical treatment from a licensed physician and/or hospital for my child should such be necessary, if I or the persons listed above cannot be reached by telephone. I understand that all reasonable effort will be made to notify me before such action is taken, and I agree to accept all expenses of such emergency.

Parent Signature _____ Date _____

****PLEASE INCLUDE A COPY OF IMMUNIZATION RECORDS or an EXEMPTION****