



Before/After School Care Financial Form

By placing your **initials** and signature below, you are confirming that you have received the Before/After school care Parent Guide and acknowledge the service guidelines and policies set forth.

Student's Legal Name _____
Last First Middle Nickname

_____ **Fees:** All fees must be paid by **FRIDAY** of each week the services are being rendered. Tuition is expected based on the student's enrollment and will be billed weekly to the student's account for the days of attendance. Before school care cost is \$2 per student per day. After school care cost is \$11 per student per day for regular school days. There is a \$50 registration fee per school year. Additional siblings receive a 10% discount on fees.

_____ **Early Release Days:** An additional charge of \$5 per student will be charged for early release days. Sibling discounts are available.

_____ **Enrollment:** The parent/legal guardian that enrolls the child for school age child care (SACC) services are responsible for weekly service fees. Personnel will not participate in custody disagreements between parents.

_____ **Late Payment:** A late payment fee of \$25 per student will be billed to the student's account on **Monday** for payments that are not made by 6:00 p.m. Friday of the previous week.

_____ **Late Pick Up:** The after school services closes promptly at **6:00 p.m.** A late fee of \$1 per minute per student will be charged. Late pick up fees must be paid on the date the fees occur. *Lateness in excess of 30 minutes past closing (6:30 p.m.) will result in notification of Law Enforcement.*

_____ **Payment Methods:** Mastercard, Visa, Debit card, checking account withdrawal, money order, or personal check are accepted forms of payment. **NO cash please.**

_____ **Subsidized Child Care:** *Parents may contact the school office should they need assistance with the cost of afterschool care.*

_____ **Student Conduct:** Discipline shall be consistent with the standards outlined in the school's discipline policy. Parent(s) and legal guardian(s) should be mindful that his/her child's participation in the Aftercare Program is a privilege, not a right.

Payment Method:

Credit/Debit Card Name on card: _____
Card Number: _____ Exp date: _____ CVC: _____

Automatic withdrawl from checking account Please attach voided check

I understand that this Acknowledgement Form will be kept in my child's file as an official document.

Parent/Legal Guardian Signature

Date