

2015-2016 BEFORE CARE PROGRAM ENROLLMENT CONTRACT

STUDENT INFORMATION:

First Name	Middle	Last	Preferred Name (nickname)
_____	_____	_____	_____
Birthdate	M _____ F _____	School District of Residence	Student Lives With
_____	_____	_____	_____
Billing Name & Address (if different from parent/guardian)			

GUARDIAN INFORMATION:

Name: Parent/Guardian #1	Name: Parent/Guardian #2
_____	_____
Relationship	Relationship
_____	_____
Street Address	Street Address (if different)
_____	_____
City	City
State	State
Zip	Zip
Home Phone	Home Phone
Mobile Phone/Pager	Mobile Phone/Pager
_____	_____
E-mail address	E-mail address
_____	_____
Employer	Employer
_____	_____
Employer Address	Employer Address
_____	_____
Business Phone	Business Phone
FAX	FAX
_____	_____

TUITION

Before Care Weekly Rates

- 5 days- \$30.00
- Hours: 6:15am – 7:15 am

Cash or Check payments are accepted. Please make checks payable to **Ashley Munson**.

For enrollment to be complete, the following must be fulfilled:

1. Completion of an enrollment contract with signatures
2. Completion of the emergency card
3. Payment of appropriate fees

Legal Guardians are jointly and separately responsible for the student's account. It is the obligation of the below-signed Guardians to make all payments in accordance with the **terms of this contract as detailed on back**. In the event that payments should become delinquent, guardians are responsible for any legal or other fees incurred. I/We have read, understand and agree with the terms and conditions:

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

**2015-2016 Academic Year
TERMS OF BEFORE CARE ENROLLMENT CONTRACT**

STUDENT ILLNESS/ EMERGENCY

We strive to maintain a healthy, safe environment for our children. In that light, you may not bring to school a child who is ill (determined by our discretion). We will notify you if your child becomes ill, and you must then pick him/her up as soon as possible. You authorize us to obtain immediate medical care of a medical emergency physician, if in our judgment, there is insufficient time first to contact your child's physician, you authorize us to make the decision of when an emergency exists.

_____ (Please Initial)

PROGRAM FEES

We may increase our program fees at any time by giving you at least one month's prior notice.

_____ (Please Initial)

RESPONSIBILITY

You agree that you will be responsible for any losses, damage or destruction by your child of any property of the school and for any damage for which the school becomes liable or chargeable for your child's actions.

_____ (Please Initial)

PAYMENT BY CHECK

There is a \$25.00 NSF fee for all returned checks. After two NSF checks received all payments must be made with a cashier's check, money order, cash, debit or credit card.

_____ (Please Initial)

TERMS OF PAYMENT: All charges are due and payable on the 1st day of each week. Weekly statements are not sent. Cash or Check payments are accepted. Please make checks payable to **Ashley Munson**. There is a \$20.00 late fee for payments received after 8:00 a.m. on Wednesdays. Students will be subject to disenrollment if payment is not received by the last day of the week they are due. A charge of \$25.00 will be assessed on checks returned by the bank.

_____ (Please Initial)

IN CASE OF CANCELLATION OR WITHDRAWAL: A 2 week written notice of withdrawal must be provided to the office two (2) weeks prior to your child's last day of school; which becomes effective the day we receive your written notice. You are financially responsible for those two (2) weeks.

_____ (Please Initial)

RULES AND REGULATIONS: The guardians and the student agree to abide by and uphold and support all policies, rules, regulations, and decisions adopted by the school as set forth currently and such other policies, rules, and regulations as may be implemented by the school. General rules and regulations are published periodically by the school and in the Parent Handbook, copies of which are available from the school office and are hereby incorporated by reference. Disregard of the rules and regulations of the school or disruption of the school community is sufficient cause for dismissal.

_____ (Please Initial)

ABSENCES OR ILLNESS: Refunds or credits will not be given for absences due to illness, vacation, participation in sports or after school club or any other reason.

_____ (Please Initial)

HOLIDAYS: The school is closed for the customary holidays and teacher in-service days. Consult the current school year calendar.

_____ (Please Initial)

I agree to the above terms and conditions, including the obligation to pay the school all charges for programs and additional fees and in all events to be responsible for the financial obligations of my child.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date