

**AFTER SCHOOL PROGRAM ENROLLMENT CONTRACT
2017-2018**

Please fill in completely and carefully. As used in this agreement, “you,” “your” or “yours” refer to the person who signs this Enrollment Contract. “We,” “us” or “ours” refer to The Foote School After School Program. Contracts are issued once per year.

I. STUDENT ENROLLMENT

By signing this agreement, you enroll _____ (the student),
Grade _____, in the After School Program on the following basis:

Full-time

For a four-day week as follows (please specify days):

Mon. Tues. Wed. Thurs. Fri.

For a three-day week as follows (please specify days):

Mon. Tues. Wed. Thurs. Fri.

For a two-day week as follows (please specify days):

Mon. Tues. Wed. Thurs. Fri.

For a one-day week as follows (please specify day):

Mon. Tues. Wed. Thurs. Fri.

II. FEES AND PAYMENTS

Half the balance is due on or before October 1; the other half is due by January 1, 2018. A late fee of 1.5% monthly (18% per annum) will be charged if not paid within 30 days of due date.

Following is the fee schedule:

(A) Per Year — 5 Day Week \$3,400.00

(B) Per Year — 4 Day Week \$2,780.00

(C) Per Year — 3 Day Week \$2,220.00

(D) Per Year — 2 Day Week \$1,630.00

(E) Per Year — 1 Day Week \$930.00

III. RULES AND REGULATIONS

You agree to accept and comply with our rules and regulations. You agree that the Program begins on scheduled school days upon school dismissal and **runs no later than 5:30 p.m.** You understand that the Program operates on most scheduled school days, with the exception of a few designated days and when school is closed due to weather. Children whose parents are chronically tardy in picking them up will be asked to leave the program. You also agree that the After School Program reserves the right to release any student from its program when the particular needs of that student conflict with the needs of the group at large or when a student does not obey our rules and regulations.

IV. EMERGENCY CARE

You authorize The Foote School After School Program to act in the place of the parents or guardians of the student should any emergency medical or surgical treatment or hospitalization be required during the time this student is enrolled in the Program. It is understood that the Program and hospital authorities will make every effort to contact the parents before acting on this authorization.

You further agree to notify The Foote School After School Program in the event that there are any changes in your emergency information.

Signature of Parent/Guardian _____
Date

Full Name of Parent/Guardian _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

Email _____

Local Emergency Contacts: 1. Name _____

Phone _____

2. Name _____

Phone _____

Student's Physician: Name _____

Phone _____

The Foote School After School Program

Date _____ By _____

Dawn Walsh, Director