

Office Use Only
Registration Packet
Registration Fee
Parent Contract



After - Care Registration Information School Year 2017-2018

Student Information

Please Print Clearly!

Student Name: Last _____ First _____

Student Address: _____

City _____ State _____ Zip Code _____

Grade Level _____ Age _____ DOB _____ Height _____

Weight _____ Sex _____ Hair Color _____ Eye Color _____

Part Time (3:00pm to 4:30pm) or Full Time (3:00pm to 6:00pm) - (Please Circle One)

*We do offer Full Time extended care until 6:00PM**

Paying Method: Monthly or Installments Plan – (Please Circle One)

List all siblings attending program at this time:



Student Pick-up & Release Information

Mother's/ Guardian's Name: _____

Address: _____

Work Number: _____ **Cell:** _____

Email: _____

Father's/ Guardian's Name: _____

Address: _____

Work Number: _____ **Cell:** _____

Email: _____

Emergency Contact – Must provide 2 additional names other than parents. List in order they are to be contacted. Note: Parents will be contacted first.

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Authorized Pick- Up Other Than Parents

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____

FOR EMERGENCIES ONLY:

Pick-Up Password: _____



**After Care Medical Health Form
2017-2018**

Please help us care for your child properly. Carefully list any background information concerning your child's personality, medical problems, surgical background, allergies and any medication being taken at home or on campus.

MALE or FEMALE (Please Circle One)

Last Name: _____ First Name: _____

Grade: _____ Teacher: _____

- Please list any medical conditions or concerns that we should be made aware of:

- List any allergies or emergency precautions that we should anticipate for this child:

- No over-the-counter medications or remedies will be administered. All medications must be kept with the school nurse.
- List all medications that are currently prescribed for this child. Include inhalers, EpiPen, etc.

Personal Physician and Dentist:

If I cannot be reached, I give permission for emergency treatment, emergency transportation, hospitalization, anesthesia, or injection and will be responsible for bills of same. My authorization does not include major surgery, unless life-threatening, and only then when the medical opinion of two licensed physicians or dentist concur in that treatment.

X _____ Date _____
Signature of Parent/Guardian



Aftercare Parent Contract for 2017/2018

Please read the following information carefully. Sign and return this form with your child's registration.

1. I understand that aftercare hours are from 3:00 p.m. to 6:00 p.m. After 6:00pm I will be charged a late fee of \$1.00 per min/per child. If I am late past 6:30 p.m. I will be charged \$ 5.00 per min/per child and the aftercare office may need to call the authorities for my child's well-being.
2. I will complete all forms before my child attends the program. As applicable, I will provide any information changes (Ex: phone numbers, authorized pick up persons and emergency contacts).
 - A. Forms to be completed:
 1. Registration Form
 2. Medical / Health form
 3. Signed Parent/Guardian Contract
 4. Photo Permission form
3. I will be responsible for all tuition and fees incurred.
 - A. Registration Fee: is due with the application and is non-refundable.
 - B. Tuition: tuition is an annual rate based on the 180 days of school. After Care, monthly fees reflect the number of school days. School observed holidays and teacher workdays are not included in the calculation of the annual rate. aftercare monthly payments are due on the 3rd of the month, no later than the 5th of month. A payment option is included for financial ease to parents. There will be no refund due to student absences, emergency school closures, emergency weather, student withdrawal, late notification of withdrawal, change of enrollment or other unpredictable cause.
 - C. We will be providing School observed holidays and teacher work days as a "Camp" day for an additional charge.
 - D. Late Payment Fee: If tuition is not received by the 5th, a late fee of \$20 will be incurred. For student to continue in the program, recurrent overdue payments may result in termination from the program.
 - E. Withdrawals: if your child has been enrolled in the program and you wish to withdraw him/ her, please notify the Director in the form of written letter. Notice must be given a week prior to withdrawal.
4. I understand the staff may only release a student to those adults who I have indicated on my child's emergency contact list. If for any reason I need to send someone not on my list, I must call the office and provide the name, address and phone number of that individual, they must bring proper identification and will be asked to provide the family password.
5. I understand that if my child is absent on any day, I/we must notify the school office by 1:30pm. No credit will be given for absences.
6. Serious infractions such as fighting, theft or use of profane language will not be tolerated. At the first instance of such behavior, parent/guardian will be contacted and students will work with aftercare staff to find a resolution. At second instance parent/guardian will be contacted and a conference may be scheduled with the program director. If the behavior continues, the child/ren may be removed from the program. Please see the parent handbook for proper school behavior.
7. Students should not bring personal belongings such as any electronic devices to aftercare. If a personal item becomes a distraction to the student or others, the item will be taken and stored by a staff member. Items will only be returned to parents. Aftercare is not responsible for lost, stolen or misplaced items.

By signing this tuition contract and registration, I/ we agree to pay the aftercare fees as specified by the billing office. Payment can be made with credit card or money order, no personal checks. I/we have read the above agreement and agree to abide by all the procedures stated. I/we understand that the signing of this contract is an acknowledgment of our participation in the program.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Child Signature: _____

Grade: _____

Child Signature: _____

Grade: _____



After Care Fees 2017-2018

- **Registration Fee is \$30.00 per child or \$50.00 per family. This is an annual non- refundable fee.**
- After Care operates from 3:00 p.m. – 6:00 p.m. each full school day.
- Offering Part Time care from 3:00 p.m. to 4:30 p.m. or Full-Time care from 3:00 p.m. to 6:00 p.m.
- Camp Days are charged at an additional fee.
- Tuition is non-refundable. Missed days due to absences are not refunded or discounted. Missed days due to an emergency school closure are not refunded or discounted.
- All programs have limited space and availability. Registration is first come, first served.
- Late Pick-up fees will be applied at \$1.00 per minute/per child and \$5.00 per minute/per child after 6:30 p.m. and the aftercare may need to call authorizes for your child’s well-being.

Payments per installment have minimally increased due to installments in FY17 instead of 20. The total cost for the year does not increase. Fees are calculated per month based on contracted attendance and prorated throughout the year. Tuition must be paid in full for complete month. To support families in their budget planning, payments may be made in one payment for complete month OR in two installments per month. Payments must be made prior to services rendered, by the due dates outlined below. If a student is enrolled after the first of the month, payment for one installment is due at the time of registration. Payments not made on or before due dates are subject to a past due payment fee.

Full Time After Care 3:00pm to 6:00pm

Month 2017-2018	Number of School Days	“Camp Days”	Full Time Monthly	Full Time Installment One	Full Time Installment Two	Sibling Discount Amount	Sibling Installment One	Sibling Installment Two
August/ September	33	09/21/17	\$429.00 Due By 09/03/17	\$215.00 Due by 09/03/17	\$215.00 Due by 09/18/17	\$387.00 Due by 09/03/17	\$194.00 Due By 09/03/17	\$194.00 Due By 09/18/17
October	21	10/16/17	\$273.00 Due By 10/03/17	\$137.00 Due by 10/03/17	\$137.00 Due by 10/18/17	\$246.00 Due by 10/03/17	\$123.00 Due By 10/03/17	\$123.00 Due By 10/18/17
November	17	11/03/17 Nov. 20-22	\$221.00 Due By 11/03/17	\$112.00 Due By 11/03/17	\$111.00 Due by 11/18/17	\$199.00 Due by 11/03/17	\$100.00 Due By 11/03/17	\$99.00 Due By 11/18/17
December	15	12/22/17 Dec. 27-29	\$195.00 Due By 12/03/17	\$98.00 Due by 12/03/17	\$98.00 Due by 12/18/17	\$176.00 Due by 12/03/17	\$88.00 Due By 12/03/17	\$88.00 Due By 12/18/17
January	16	Jan. 2-8 2018 01/15/18	\$208.00 Due By 01/03/18	\$104.00 Due by 01/03/18	\$104.00 Due by 01/18/18	\$188.00 Due by 01/03/18	\$94.00 Due By 01/03/18	\$94.00 Due By 01/18/18
February	19	02/16/18	\$247.00 Due By 02/03/18	\$124.00 Due by 02/03/18	\$124.00 Due by 02/18/18	\$223.00 Due by 02/03/18	\$112.00 Due By 02/03/18	\$112.00 Due By 02/18/18
March	15	March 19-26	\$195.00 Due By 03/03/18	\$98.00 Due by 03/03/18	\$98.00 Due by 03/18/18	\$176.00 Due by 03/03/18	\$88.00 Due By 03/03/18	\$88.00 Due By 03/18/18
April	21	None	\$273.00 Due By 04/03/18	\$137.00 Due by 04/03/18	\$137.00 Due by 04/18/18	\$246.00 Due by 04/03/18	\$123.00 Due By 04/03/18	\$123.00 Due By 04/18/18
May/June	23	None	\$299.00 Due By 05/03/18	\$150.00 Due by 05/03/18	\$150.00 Due by 05/18/18	\$270.00 Due by 05/03/18	\$135.00 Due By 05/03/18	\$135.00 Due By 05/18/18



Part Time After Care 3:00pm to 4:30pm

Month 2017-2018	Number of School Days (Including Early Released Days)	No Public School "Camp Days"	Part Time Monthly	Part Time Installment One	Part Time Installment Two	Sibling Discount Amount	Sibling Installment One	Sibling Installment Two
August/September	33	09/21/17	\$198.00 Due by 09/3/17	\$99.00 Due by 09/3/17	\$99.00 Due by 09/18/17	\$178.00 Due by 09/03/17.	\$89.00 Due by 09/03/17	\$89.00 Due by 09/18/17
October	21	10/16/17	\$126.00 Due by 10/03/17	\$63.00 Due by 10/03/17	\$63.00 Due by 10/18/17	\$114.00 Due by 10/03/17	\$57.00 Due by 10/03/17	\$57.00 Due by 10/18/17
November	16	Nov. 20-22 17	96.00 Due by 11/03/17	\$48.00 Due by 11/03/17	\$48.00 Due by 11/18/17	\$87.00 Due by 11/03/17	\$44.00 Due by 11/03/17	\$43.00 Due by 11/18/17
December	15	12/22/17 Dec. 27-29	\$90.00 Due by 12/03/17	\$45.00 Due by 12/03/17	\$45.00 Due by 12/18/17	\$81.00 Due by 12/03/17	\$41.00 Due by 12/03/17	\$40.00 Due by 12/18/17
January	16	Jan.2-8 2018	\$96.00 Due by 01/3/18	\$48.00 Due by 01/3/18	\$48.00 Due by 01/18/18	\$87.00 Due by 01/03/18	\$44.00 Due by 01/03/18	\$43.00 Due by 01/18/18
February	19	02/16/17	\$114.00 Due by 02/03/18	\$57.00 Due by 02/03/18	\$57.00 Due by 02/18/18	\$103.00 Due by 02/03/18	\$52.00 Due by 02/03/18	\$51.00 Due by 02/18/18
March	15	March 19-26 18	\$90.00 Due by 03/03/18	\$45.00 Due by 03/03/18	\$45.00 Due by 03/18/18	\$81.00 Due by 03/03/18	\$41.00 Due by 03/03/18	\$40.00 Due by 03/18/18
April	21	None	\$126.00 Due by 04/03/18	\$63.00 Due by 04/03/18	\$63.00 Due by 04/18/18	\$114.00 Due by 04/03/18	\$57.00 Due by 04/03/18	\$57.00 Due by 04/18/18
May/June	23	None	\$138.00 Due by 05/03/18	\$69.00 Due by 05/03/18	\$69.00 Due by 05/18/18	\$124.00 Due by 05/03/18	\$62.00 Due by 05/03/18	\$62.00 Due by 05/18/18

We offer a courtesy "Drop- In Service" for emergency situations. The following fees apply for occasional usage of After Care. These daily rates apply:

After Care: \$ 15.00 / day

This will apply only for emergency reason or if your child is not picked up by 3:30pm in the afternoon.



PAYTRACE Credit Card Authorization Form

To better service our parents with “**Our New Moderate Prices**” for after care. We are required to only use a credit /debit card system called PayTrace, which only accepts debit and credit cards. The beauty of this program is that our parents will not have to worry about when they have to pay. This system automatically charges the credit card on file every 3rd and 18th of the month.

Please be aware that you may change your credit card details at any time during you’re after care needs.

COMPLETE THIS AUTHORIZATION FORM AND RETURN TO THE AFTER-CARE OFFICE.

All information will remain confidential.

Cardholder Name:

Billing Address:

Credit Card Type: Visa MasterCard Discover

Credit Card Number: _____

Expiration: _____ **CVC:** (3 Digits on the back of the card) _____

I authorize Eagle Arts Academy to charge the agreed amount to my credit card provided herein.

I agree that I will pay for this purchase in accordance with the issuing bank cardholder.

Cardholder – Print Name, Sign and Date Below:

Print Name: _____

Signature: _____

Date: _____