



Before/After Care Application and Tuition Form

Child's Full Name: _____

Name commonly used: _____

Birth Date: _____ Age: _____ (circle one) Male Female

I am signing my child up for the following program: *Please check the option you need. Then circle the specific week days you want if less than 5. Availability is subject to enrollment numbers.*

Before Care 7:30-8:20 am		After Care Dismissal-5:30 pm	
3-5 days a week	<input type="checkbox"/> \$4.00 per day	3-5 days a week	<input type="checkbox"/> \$10.00 per day
1-2 days a week	<input type="checkbox"/> \$5.00 per day	1-2 days a week	<input type="checkbox"/> \$12.00 per day
Drop in per day \$5.00 flat fee per date		Drop in per day \$14.00 flat fee per date	

Circle Days Desired: Monday Tuesday Wednesday Thursday Friday

The days you circle will indicate the number of days you want each week.

Example, if you want 4 days a week, circle which four days. If your child attends on the fifth day that week, it will be billed at the drop in rate. You will need to call to inquire about space to add that fifth day as a drop in. If your child does not attend those 4 days during a certain week due to any type of absence, you will still be billed for that day as the spot is reserved for your child.

NOTE: Days must be pre-chosen to not be considered drop-in. Flexibility to change desired days may not exist.

EARLY WITHDRAWAL AND CHANGE IN STATUS

After August 1st, a minimum notice of 30 days must be given in writing for the withdrawal of a student. The parent/guardian is financially responsible for before/after care tuition covering through the date the withdrawal notice is received in our office plus the 30 day notice period.

If a decrease in before/after care needs occurs by a family, a minimum of 30 days must be given in writing. The parent/guardian is financially responsible for the original before/after care tuition covering through the date the decrease notice is received in our office plus the 30 day notice period.

TUITION PAYMENTS

Once the number of days and the specific days of the week are chose, the rate will be calculated by the office and indicated near the bottom of this form. If payment in full is chosen, payment is due August 1st, 2017. If the monthly payment is chosen, invoices will be sent near the end of the month and payment is due the 1st of each month, August 1st through May 1st. Payment amount will be divided equally over those 10 months, regardless of the days in the month or school days attended. Payment is considered late if not received by the 15th of the month and a 3% late fee is

assessed to open balances. Invoices will be sent; however, it is the responsibility of each family to pay on time regardless of invoices received.

AFTER CARE ON NOON RELEASE DAYS

After care will be available on most noon release days, and is dependent on minimum attendance met, staffing availability and programmatic needs. Cost for noon release after care will be a \$25.00 flat fee per student. It runs from 12:00 pm to 5:30 pm. Students will need to bring a lunch and water bottle. Snack will be provided. Available dates will be announced by August 25, 2017.

PARENT/GUARDIAN AGREEMENT

I understand and agree to the payment terms listed here and am signing my child up for the program indicated above. My billing information is on the Student Application on file. A copy of this agreement will be returned to me with the Office Section completed.

Please bill me: At the end of each month OR In full to be paid by August 1st, 2017 (rate determined once you indicated days chosen)

Parent/Guardian Print Name: _____

Signature: _____ Date _____

OFFICE SECTION-to be complete by SVMS school administrator:

Number of days per week indicated: _____

Days per week chosen: _____

Total cost for the year: \$ _____

Payment plan chosen (Annual or Monthly): _____

Amount due per payment: \$ _____

Payment in full (Annual) is due August 1, 2017. Monthly is equally divided over 10 months, due the first of the month August 2017 through May 2017.

Office Administrator Name: _____

Signature: _____ Date: _____