

SIERRA MONTESSORI ACADEMY AFTER SCHOOL ENRICHMENT PROGRAM CONTRACT

By initialing I have read and agree to the following upon enrollment of my child in the Sierra Montessori Academy After School Enrichment Program:

- _____ 1. I understand that I am responsible for all financial obligations incurred relative to this enrollment and agree to the fees and policies stated in the financial contract.
- _____ 2. I will pay for any property damage caused by my child and acknowledge that the Pleasant Ridge School District is not responsible for students' lost, stolen, or damaged personal property.
- _____ 3. I have read the Parent Handbook and will cooperate with the school to ensure compliance with all rules and policies.
- _____ 4. I understand that students will only be released from the recreation program to those listed on the Emergency Form. I understand that the person(s) authorized on the Emergency Form must be at least 18 years of age and possess valid picture identification. Siblings under 18 years of age must have written permission by the parent/legal guardian and a valid picture ID to pick up a student from the recreation program should the parent/legal guardian not be able to do so.
- _____ 5. I understand that the recreation program reserves the right to dismiss any student who does not comply with school rules and policies.
- _____ 6. Account payments received a week after due date will be charged a \$10.00 late fee. Delinquent accounts and/or unruly parent behavior may also constitute reason for dismissal.
- _____ 7. I understand that the After School Enrichment Program will operate on regular, early release Friday & minimum days. The recreation program will not operate during summer vacation or on school holidays. It will also be closed Friday November 16, Friday December 21 and May 31, 2019.
- _____ 8. I understand that all programs associated with the After School Enrichment Program **end promptly at 5:30 P.M. at which time all students MUST BE picked up. A LATE FEE WILL BEGIN ACCRUING after the 5:30 P.M. closing time of the program.**
- _____ 9. I understand the late fee will is **\$1.00 per minute for every minute after 5:30 P.M. Minimum late fee is \$10.00 per child.** Three late pick-ups may be cause for termination of your child's participation in the program.

SIERRA MONTESSORI ACADEMY ENRICHMENT PROGRAM 2018/2019 FINANCIAL AGREEMENT

_____ **ENROLLMENT:** Parents may enroll a child in the 2018/2019 After School Enrichment Program starting August 1, 2018. The enrollment process may be completed at the school site. The enrollment is considered complete upon return of all registration materials **with parent signature and first payment of services.** Additionally, before an enrollment can be complete the school must verify that a seat for your child in the program is available.

_____ **PROGRAM FEES:** Fees for the After School Enrichment Program are calculated on the number of school days and then divided by the number of school months to allow for equal payments. **All fees are due in advance.** Fees may be paid in advance such as monthly, quarterly, semi-annually, or yearly.

_____ **ILLNESS/ABSENCE CREDIT:** Credit **will not be given for absences.** We must make employment commitments to employees that cannot be altered without formal action taken within legally prescribed timelines.

_____ **DROP-IN ARRANGEMENTS:** Students may participate in the After School Enrichment Program on a drop-in basis **if space is available.** Please call the school office as far in advance as possible should you wish to utilize the drop-in attendance option. A drop-in fee of \$35.00 per day will be assessed and is payable on the day of attendance.

_____ **PROGRAM WITHDRAWAL:** You must communicate with the school office of your intent to release your child's seat in the program. A refund will be issued for unused months for payments made in advance. **No pro-rated rates.**

_____ **RETURNED CHECKS:** In the event that an individual has a check made payable to the district returned for any reason twice in a single school year, the District requires that all payments be made in cash, cashier's check, or by money order. **A \$10.00 fee will apply.**

_____ **BILLING/PAYMENT QUESTIONS:** In the event you have a question about your account, please contact the school office.

As the parent/guardian of _____, I agree to pay all fees associated with the Sierra Montessori Academy After School Enrichment Program as stated in this contract.

Start Date: _____

My child will participate: ___ Full Time (M-F) - **\$1,200.00 per year** (2:30pm - 5:30 pm)
___ Drop-in - **\$35 per day (Due by 1:00 p.m. on day of attendance)**

SIERRA MONTESSORI ACEDEMY AFTER SCHOOL ENRICHMENT PROGRAM 2018/2019 PAYMENT SCHEDULE AGREEMENT

Please circle your payment plan choice

FULL TIME

ANNUAL PAYMENT**

\$1,200.00 due at time of enrollment

Semi-Annual Payment**

\$600.00 due on August 20, 2018

\$600.00 due on January 7, 2019

Quarterly Payment

\$300.00 due on August 20, 2018

\$300.00 due on October 8, 2018

\$300.00 due on January 7, 2019

\$300.00 due on March 11, 2019

Monthly Payment Plan (10 equal payments)

\$120.00 due upon enrollment, then the 1st of each following month through May

Deposit of checks can take up to one (1) month due to the cyclical times of our workload in the Office.

As the parent/guardian of _____, I acknowledge receiving, reading and agree to abide by the guidelines in the Pleasant Ridge Union School District Afterschool Recreation Program 2018/2019 contract.

The undersigned have agreed to the policies, procedures and financial obligations of the Pleasant Ridge School District Afterschool Program as stated in this contract. Any person financially responsible, other than the parent/guardian must sign.

Mother or Father/Legal Guardian Signature Home Phone Number _____ _____
Date

Financially Responsible Party (if other than parent or guardian) Cell Phone Number _____ _____
Date

School District Representative Work Phone Number _____ _____
Date

E-mail address: _____

Sierra Montessori Academy

After School Enrichment Program 2018/2019 STUDENT INFORMATION

Student's Name: _____

Teacher: _____

Grade: _____ M () F ()

Birth date: _____

Check one: Full Time _____ Drop In _____

AUTHORIZATION for CHILD PICK-UP

Automatic authorization for pick-up is given to the parent/s and/or guardians of the student listed on this page. If my child is not picked up by 5:30 p.m., is sick or if there's an emergency, I authorize SMA After School personnel to release my child to the following individuals if I am unavailable:

Name Phone Number Relationship

Name Phone Number Relationship

Name Phone Number Relationship

Name Phone Number Relationship

Custody/Legal Restrictions (must have paper work on file) _____

STUDENT MEDICAL INFORMATION

List any serious medical conditions: _____

My child has the following allergies: _____

_____ My child is taking a prescription medication and will need to have the medicine administered during childcare. I have completed the permission to administer prescription drug form and returned.

In the event of a life threatening reaction, I authorize school trained school personnel to give emergency treatment i.e. adrenaline via Epi-pen, to my child. I also authorize my child be taken to the nearest medical center for treatment if I am unavailable.

Name of Parent

Signature of Parent

Date

Phone Number