

Grades After School Program Registration Contract

Student Name:

Grade:

My child, named above, will be attending the Grades Aftercare Program during the 2017-2018 school year. The program begins on Wed. Sept 6, 2017 and ends Thurs. June 14, 2018.

Please select the day(s) and times of the week that your child will be attending the Aftercare Program. If you have more than one child who will be attending the Aftercare Program, please fill out a separate form for each child.

Please select the day(s) and times of the week that your child will be attending the Aftercare Program. **This contract and payment selection must be submitted to the school before your child's place is reserved. Payments can be made in full by check or credit card or through monthly or biannual payments made through our FACTS autodraft service.** No refunds will be made for days missed due to absences (including illness, vacation, etc.) during your contract. If you wish to make a change to your scheduled days, complete a new registration contract and submit it to the front office. New agreements cannot be back dated.

Please check the box(es) next to the day(s) of the week that your child will be attending the Grades After School Program:

Monday: 3:15-5:20pm \$10/day 30 Mondays \$300

Tuesday: 3:15-5:20pm \$10/day 34 Tuesdays \$340

Wednesday: 3:15-5:20pm \$10/day 34 Wednesdays \$350

***Wed. Sept 6 is a minimum day at \$20/day for contract students**

Thursday: 2:10-5:20pm \$20/day 34 Thursdays \$680

Friday: 3:15-5:20pm \$10/day 32 Fridays \$340

***There is no Aftercare on Wed. Dec. 20th or Fri. June 15th (12:35 dismissal).
*Fri. Nov. 17th and Fri. March 30th are minimum days at \$20/day for contract students.**

Contract Payment

Please select your payment option if you have signed up for contract aftercare:

- I will pay for the full contract charges selected above by check or credit card within 30 calendar days of signing and submitting this form.
- I already have a FACTS account on file and wish to pay for the contract charges selected above monthly.
- I already have a FACTS account on file and wish to pay for the contract charges selected above biannually (Sep. '17 and Jan. '18).
- I do not have a FACTS account on file and will complete and submit a FACTS form within 30 calendar days of signing and submitting this form in order to pay for the charges selected above.

Occasional Use

Please check these boxes if you wish to use drop-in aftercare only:

- Drop in rates will be higher than contract rates. If you wish to use drop-in only, please check this box.
- I understand that my child will not be able to attend aftercare on a drop-in basis until I complete and return the drop-in payment authorization form located at the front office and will be billed accordingly each month.
- I understand there may not be space for my child in aftercare if I do not sign a contact. If I need drop in care I will contact the Front Office as soon as possible so they can check for availability.

Signature/s

By typing my/our name(s) on this electronic record, I/we am/are supplying my/our electronic signature with the intent to sign this Agreement and agree to its terms.

Please type name here: _____

Please sign name here: _____

Date: / /