

Lincoln After School Program 2018-2019 Contract

Tuition Payments

I agree to make nine tuition payments (\$200) by the first school day of each month, September through May. I understand that a late fee of \$10.00 will be charged if payments are not made within 7 calendar days of the due date and this rate will continue to accrue at a rate of \$5.00 per day thereafter. Automatic Deposit is strongly recommended and available to all families.

Timely Departure

I agree to make arrangements for my child to be picked up no later than 6:00 P.M. by a designated adult. A designated adult other than the parent/guardian must have written permission on file with the Director.

The program closes at 6:00 P.M. A rate of \$1.00 per minute will be charged for each minute after 6:00 P.M. This fee is to be paid to the caregiver immediately, or it will be added to your monthly tuition. If no contact can be made with the parents or other authorized adult by 7:00 P.M., the child will be turned over to the authorities.

Sign-in/Sign-out

I agree to personally drop off and pick up my child from the Program area unless other arrangements have been made in writing (email, note, ect). I understand that a designated adult or I must sign the child out of the afternoon session each day. Sign out sheet will be provided each day in the Main Gym. Please be patient with program staff due to the new building and arrangements. The Program will use these attendance records to help ensure your child's safety during an emergency.

Absences

I agree to contact the Director if my child will be absent from the Program for any reason. At the beginning of the afternoon session, the Program staff will take roll and need to know who to expect each day.

Cancelled or Unscheduled Shortened School Days

I understand that if school is dismissed early for any reason or the school is deemed unsafe for students, the Program will not be held. I agree to make other arrangements for my child's care under these circumstances.

Emergency Situations

I agree to maintain up-to-date emergency information. This includes parents' home and work phone numbers, insurance information, and names and phone numbers of persons authorized as emergency contacts. I also agree to have my child picked up as soon as possible if ill or injured at the Program.

The program will care for children who become ill or injured until someone can pick them up. Severe injuries will receive immediate medical attention. The Program will provide all staff member who are certified in First Aid.

Enrollment Fee

I agree to pay a \$50.00 enrollment fee per child to reserve the child’s place for the 2018-2019 school year. I understand that this fee is not refunded under any circumstances. The Program agrees to reserve a place for your child and apply the fee against tuition.

Withdrawal

I agree to make a written statement of withdrawal at least 30 calendar days prior to withdrawing my child from the Program. I understand that I will be responsible for tuition payments for 30 calendar days from the date of submission of written statement of withdrawal and agree to pay them promptly. This written statement must be submitted to the Director of the Program. The Program agrees to provide care to the child as long as enrollment qualifications are met and not exceeding 3- calendar days from the date of submission of written notification.

I have read and understand the policies details in this contract. I understand that failure to comply with these policies can result in fines or actions taken against me by the Lincoln After School Program Board of Directors.

My Child, _____, will attend the Lincoln Before and After School Program during the 2018-2019 school year. I request that he/she be enrolled for the _____P.M. session.

*Please note Lincoln BASP will not provide morning program for the 2018-2019 school year.

(Parent’s signature)

(Date)

(Director’s signature)

(Date)