



## ENROLLMENT/TUITION AGREEMENT BEFORE/AFTER SCHOOL PROGRAM SCHOOL YEAR 2024-2025

My child, \_\_\_\_\_ is enrolled for:

☐ **Before School** (\$10.00 / Day) Days attending: \_\_\_\_\_

- **Days must be the same days every week.**

☐ **After School** (\$15.00 / Day) Days attending: \_\_\_\_\_

- **Days must be the same days every week.**

☐ Child's Birthday \_\_\_\_\_

☐ Name of School \_\_\_\_\_ ☐ Grade your child is going into \_\_\_\_\_

(You must contact your school about busing)

Before school (approx. time of arrival) \_\_\_\_\_ after school (approx. time of pick up) \_\_\_\_\_

Weekly tuition payment due the last school day of every week \$ \_\_\_\_\_

☐ Registration Fee of \$ \_\_\_\_\_ paid (non-refundable) ---\$25.00 (1 CHILD); \$50.00 (FAMILY)

- **School Ager Closures:** The Center is closed for school agers on: **Friday before Labor Day, Labor Day** (Monday), **Friday before Columbus Day, Columbus Day** (Monday), **Thanksgiving** (Wednesday, Thursday & Friday), **Christmas Break** (same as Jackson Local Schools), **Friday before MLK Day, MKL Day** (Monday), **Friday before President's Day, President's Day** (Monday), **Good Friday, Monday after Easter, Spring Break** (Follow Jackson Local Schools).

**Please note that you are billed the days that your school-ager is signed up for.**

**Late Pickup/Early Drop-Off Fees:** A late fee of \$2 per minute will be applied to your account if your school aged child is picked up after 6:00 PM.

- The parent/guardian agrees to be responsible for the tuition payment of the agreed upon, scheduled days for the school year.
- The parent/guardian agrees to pay the tuition payment for before /After School Care on the last day of attendance each week.
- The parent/guardian understands that if payment is not made by Friday of each week they are subject to a late fee of \$10.00 being added to their balance each week until the balance is paid in full.
- The parent/guardian understands they are subject to a \$35.00 fee assessed for a returned check. If more than one check is returned, checks will no longer be accepted for payment and payment must therefore be made by cash, bank check, or money order.
- The parent/guardian understands that scheduled days are established by the Before / After School Program Center. **Fees will not be waived or refunded for school days missed due to family vacations, illness, or for any other reason. The undersigned understands that the only days they will not be billed for are the days the Before / After School Center is closed.**

**By signing this Before / After school program enrollment/tuition agreement I understand and I will abide by the "terms and conditions for attending this Before / After school program" which I have received a copy of.**

Parent / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Name (please print) \_\_\_\_\_

Complete Address: (please print)

Street (including number & or PO Box) \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_, Work \_\_\_\_\_, Cell phone \_\_\_\_\_

Email (please print) \_\_\_\_\_