



## AFTER SCHOOL PROGRAM ENROLLMENT CONTRACT

Please fill in completely and read carefully. As used in this agreement, “you,” “your” or “yours” refer to the person who signs this Enrollment Contract. Contracts are issued one per student.

### I. STUDENT ENROLLMENT

By signing this agreement, you enroll \_\_\_\_\_ (the student), Grade \_\_\_\_\_, and teacher’s name \_\_\_\_\_ in the After School Program on the following basis:

### II. FEES AND PAYMENTS

This contract begins the first day of service. **All the students will be enrolled by direct payment** and will be charged at the beginning of each month. The only payment methods that we accept are: direct debit, checks and ATM cards. **You can’t paid weekly.**

The students that are not enrolled by direct payment will be as **walk-ins and will be charged at \$7.00 per hour**. The balance needs to be paid in full each day.

Create your own schedule. Specify days and how many hours you need per day.

	Specify days	Hours	Sub-Total
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
Total			

**Additional non-scheduled hours will be charged by ATM or Checks. There will be \$25.00 charge on non-collectible funds. If return occurs the payment must be made at school using MONEY ORDER or ATM only.**

*THE DIRECT DEBIT PAYMENT FORM MUST BE SUBMITTED.*

### III. RULES AND REGULATIONS

You agree to accept and comply with our rules and regulations. You agree that the Program begins on scheduled school days upon school dismissal and **runs no later than 6:00 p.m. an additional late fee of \$10.00 will be charged after 6:00 p.m. (For every portion of 1 - 30 minutes).**

You understand that the student will be participating at least one day per week each month. If the student didn't assist at the After School Program two continuous weeks according to the contract without any justification we reserves the right to release the student from the contract charges and you will be charged as a walk-in student when the student use the services next time.

You understand that the Program operates on most scheduled school days, with the exception of a few designated days (early dismissals) and when school is closed due to holidays and weather. **Children whose parents are chronically 5 tardies in picking them up will be asked to leave the program.**

**You agree to sign an Early Dismissal Authorization Form to authorize your child to participate to any activity in the Basketball Court during the Program hours. A form will be signed by you in the morning or you can send to us with your child and you will receive a call from us to confirm the authorization. Pick the form in the library or print it using the School Website below Student Menu - Click After School Program to access the form.**

I agree that **only the Athletics students** enrolled in the After School Program will received a credit if they had an early dismissal for any sport activity.

You also agree that the After School Program reserves the right to release any student from its program when the particular needs of that student conflict with the needs of the group at large or when a student does not obey our rules and regulations.

### IV. EMERGENCY INFORMATION

You further agree to notify The Dorado Academy After School Program in the event that there are any changes in your emergency information.

The Dorado Academy's After School Program

Date \_\_\_\_\_ By \_\_\_\_\_  
After School Program Personnel



## EMERGENCY INFORMATION FORM

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Full Name of Parent/Guardian

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phones: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone2: \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contacts:

1. Name \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date



## EARLY DISMISSAL AUTHORIZATION FORM

I \_\_\_\_\_ (father, mother, guardian) authorize my child \_\_\_\_\_ from \_\_\_\_\_ grade to leave the After School Program early to participate in the Basketball Court activity. I release the program from any responsibility. I understand that I will be charge in full as the contract specification. The authorization phone number is \_\_\_\_\_.

Full Name of Parent/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_