



## Aftercare Program Registration 2019-2020

(Fill out this form **only** if you need aftercare to 5:30pm – this form is NOT an application for our Intensives Program. Only use this form for our paid aftercare services).

We appreciate that due to work responsibilities, parents/guardians may not be available to care for their scholars at 3:45, so we will continue to offer an Aftercare Program until 5:30 pm for BelovED students in the 2019-2020 school-year.

**Monthly Fees:**

- \$135 per child
- \$195 for 2 siblings
- \$225 for 3 siblings

**Daily Fees:**

- \$15 per day for a fully day of school with aftercare
- \$30 per day for a half-day of school with aftercare

**Program Start Date:**

- Monday, September 9<sup>th</sup>

**Bus Info:**

- Only scholars enrolled in aftercare with **current financial accounts** are eligible to ride the 5:30 bus
- Space is limited and not guaranteed

**Dismissal Info:**

- Parents of Scholars returned on the bus because of non-pickup will be charged a \$15 per hour late fee
- Parents of Scholars not picked up by 5:40 from the school will be charged a \$15 per hour late fee

Student Name(s) \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent Contact Info – cell: \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_

Parent/Guardian Main Email Address: \_\_\_\_\_

**Financial Obligations:**

Payment is due by the first of the month. If any portion of the balance goes unpaid, your child may be excluded from aftercare and extracurricular activities and **YOUR CHILD WILL NOT BE ALLOWED ON ANY BUS UNTIL THE BALANCE IS PAID IN FULL**. You will be responsible for picking up your child at 3:45 until payment is received and aftercare is reinstated.

This program is offered as a courtesy and a child’s participation in our Aftercare Program is conditioned upon adherence to behavior standards and timely payment. If a child does not adhere to the program’s behavior standards as outlined in the BCCS Aftercare Parent Handbook, he or she will not be allowed to continue in the program.

I acknowledge that failure to pay monthly fees will result in termination of services.

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