

**Anansi Charter School  
Payment Contract and Compliance Agreement  
for Aftercare Enrichment Program**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ agree to the following policies regarding the aftercare enrichment program.

I understand that:

- the aftercare payment is due when I turn in the monthly schedule sheet to reserve a space for my child.
- "drop-in" scheduling will be available when space allows and that I will be billed for drop in days at the end of the month.
- that I will be billed for every day that I signed my child up for aftercare unless:
  - I cancel with 24 hours notice, or
  - My child is ill and I ask for removal from the aftercare list.
- if my child did not attend aftercare on a day that I signed up for, I am still responsible for payment for that day.
- I must pay my balance due on a monthly basis.
- The school reserves the right to refuse my child's admittance to aftercare until the past due balance has been paid.
- I must respect the hours of the aftercare program and pick up my child no later than 5:30 pm.
- it is my responsibility to call if I am running late, and that there is a late fee of \$10.00 if I pick up my child after 5:30 pm.

The safety and well-being of the children is a primary concern at the Anansi Charter School and our Aftercare Enrichment Program. Anansi Charter School admits students of any race, color, national/ethnic origin, and special need. Any medical or behavioral problems affecting the well-being of others will be addressed on an individual basis and all policies outlined in the Anansi Charter School Parent Student Handbook will apply to the aftercare program.

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

**Aftercare Daily Payment Schedule**

Monday, Tuesday, Wednesday, Thursday: Hours: 3:30-5:30; Cost: \$10.00/day

Friday: Hours: 1:30-5:30; Cost: \$15.00/day

Chess Club: \$8.00/day

**Anansi Charter School**  
**Aftercare Enrichment Program Enrollment Form**

\_\_\_\_\_

First day of attendance

\_\_\_\_\_

Last day of attendance

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

List allergies or medical conditions: \_\_\_\_\_

\_\_\_\_\_

Emergency contacts:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Doctor/Medical facility: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for Emergency Medical:

Transportation: Yes/No

Treatment: Yes/No

\_\_\_\_\_

Signature of parent/guardian

The following persons are authorized to pick up my child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian Date