

**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