



Before and After Care Enrollment Agreement

I am enrolling my child: _____ in the Before and After Care Program for the _____ academic school year. He / she will attend (Please check one):

_____ Mornings & Afternoons

_____ Mornings Only

_____ Afternoons Only

Please initial the following:

_____ I understand the Program is open according to the official school calendar of the **Spotsylvania County School District** and is closed during Holidays listed in the Registration and Parent Handbook (dtd July 20, 2022), and inclement weather days.

_____ I understand that weekly/monthly program fees are due in advance by close of business on Friday or the last business day of the month preceding the following month for which service is provided. Payments received after this time will be assessed a \$30.00 late fee. Delinquent accounts must be paid- in-full by close of business the following day. Your child/children will not be permitted to attend the program until payments are made in full.

_____ I understand I must pay fees as scheduled even when the public schools are closed for winter break, spring break, etc.

_____ I will give two (2) weeks notice in writing prior to withdrawal from the program during which time, I will be responsible for payment of fees.

_____ I understand that in the event of any absences during program hours or activities, I will be responsible for all applicable fees.

_____ I understand that when occasional care is needed, I must call ahead for approval before dropping my child off, occasional care is contingent on staff and space availability, and payment is due when I drop-off my child.

_____ I will update my child's parent contact information as needed to keep the program staff informed of any changes. I understand that this is necessary for program staff to be able to reach me while my child is in attendance.



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_____ I understand that the program staff will assume full responsibility for my child from the time he/she arrives at the program until my child leaves the program according to the written instructions for departure.

_____ The program staff agrees to notify the parent/guardian/custodian whenever the child becomes ill and the parent agrees to pick up the child within an hour after being notified.

_____ I agree to notify the Academy whenever my child will not be in attendance and/or whenever my child will not need transportation from school.

_____ I agree to provide a suitable booster seat for my child if he/she is under the age of eight years to be used when my child is supported to and from their school.

_____ The parent authorizes the Academy to obtain immediate care if any emergency occurs when he/she cannot be located.

_____ If a medical emergency arises, the program staff will first attempt to contact the parent. If the parent cannot be reached, the staff will contact the child's doctor. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take the child to the hospital.

_____ I have read and agree to adhere to the stated policies and procedures of the Before and After School Program as stated here and in the Parent Handbook and give my child permission to participate fully in this program.

PARENT/GUARDIAN/CUSTODIAN SIGNATURE:

Parent/ or Guardian/Custodian Name (Print)

Parent/Guardian/Custodian Signature

Date