



Student ID: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

# NORTH COUNTY CHARTER ELEMENTARY SCHOOL

## Extended Day Program Parent/Student Contract

Student name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

In participating in the NCCS Extended Day Program, I agree to the following:

1. To pay a non-refundable registration fee of \$10.00 per child
2. To pay the non-refundable weekly fee each Monday for the program specified below. If payment is not paid on time each week, I understand there will be a \$10.00 late fee per child per week. If child does not attend at all for one week, I understand I will not be billed.

### Program Selection (please check as many as apply):

- Morning Program (\$10 per child regardless of number of days)
  - Afternoon Program 4 or 5 days (\$25.00 per week)
  - Afternoon Program 4 or 5 day sibling (\$20.00 per week)
  - Afternoon Program 1, 2, or 3 days (\$15.00 per week)

Total Due Per week \$ \_\_\_\_\_ ( \_\_\_\_\_ Office Initial)

3. I agree to pick up my child by 6:00 p.m. or earlier. I understand in the event my child/children are not picked up by 6:00 p.m., a fee of \$10.00 per child for every fifteen minute increment thereafter will be due and collected at time of pickup. After 6:15 p.m. my emergency contacts will be called.
4. I understand that it is my responsibility to contact the Extended Day Coordinator or the NCCS front office during school hours about alternative pickup arrangements. This contact may be verbal or through a written note.
5. I agree to personally sign my child into the morning program each day and/or to sign my child out of the afternoon program each day.
6. In the event of an emergency, I give my permission to the Coordinator to have my child treated by medical personnel. The Coordinator shall make reasonable attempts to contact me prior to any emergency medical treatment.
7. I understand that in the event of no weekly payment or continued late payment of weekly fees, behavior problems, or late pick-up of my child, NCCS reserves the right to remove my child from the Extended Day Program upon conference with the Principal.
8. By signing this contract, I agree to meet the obligations set forth above.

\_\_\_\_\_

Date \_\_\_\_\_

Parent Legal Signature

Student ID: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_