



**Barnard After School
Late Fall SESSION 2018 STUDENT CONTRACT**

Parent/Guardian _____ Email: _____

Phone _____

My child, _____ (grade _____) will be enrolled in the Barnard After School Program on...

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PRICING (Oct. 22- Dec 14)

IN THE RIGHT HAND COLUMN, ENTER THE SESSION COST FOR THE DAYS YOU HAVE SELECTED. IF YOU ARE ENROLLING A SECOND OR THIRD CHILD ON THE SAME DAY, SELECT THE SIBLING PRICE. THEN IN THE BOTTOM ROW, ADD UP THE TOTAL AMOUNT OWED. PLEASE MAKE CHECKS OUT TO BARNARD ACADEMY.

DAY	First Child	Sibling	Subtotal
MONDAYS	\$105	\$90	
TUESDAYS	\$120	\$90	
WEDNESDAYS	\$105	\$90	
THURSDAYS	\$105	\$90	
FRIDAYS	\$105	\$90	
TOTAL OWED			

(double-sided, please turn over)

I understand and agree that:

- **IF THIS IS MY CHILD'S FIRST SESSION I AM ALSO INCLUDING THE REQUIRED MEDICAL/PERMISSION FORM (AVAILABLE FOR DOWNLOAD @ WWW.BARNARDAFTERSCHOOL.WEEBLY.COM) AND HIS/HER IMMUNIZATION RECORD**
- Payments will be due on the first day your child attends ASP. Late payments will incur a \$25 late fee.
- Enrolled days missed by my child are not reimbursable.
- Late pickup (after 5:30 pm) of my child will be subject to a late fee of \$10.00 for each ten minutes or portion thereof.
- The second occurrence of late pickup (after 5:30 pm) will result in child not being able to participate for 2 weeks. Fees for this 2-week time period will not be reimbursable.
- Add-on requests (for students previously enrolled only) must be placed with Director a minimum of 48-hours prior to the add-on day.
- Fees for add-on days are due upon pick-up.
- If my child utilizes a special assistant, has an individual educational or 504 plan, or has a severe allergy or health concern, I will schedule a meeting with the Director to discuss the specific requirements for my child prior to the Session's start date.
- I understand I may be required to hire a special assistant for the time my child participates in the After School Program if it is deemed necessary by the Director.
- The Barnard After School Program does not have access to ANY school records nor any resources available through the public school. If there is information regarding my child which will improve my child's experience or could impact other children or the program, I will provide it to the Director prior to my child's first day.
- I understand that it is my responsibility to update the Director of any changes that need to be made to the registration/child form including phone number changes, emergency contact, or medical information.

CONSENT: (please check)

_____ Photo/Video Consent for my child to be photographed, videotaped or otherwise recorded during after school activities.

_____ Field Trip Consent for my child to participate in all walking field trips.

_____ Food Consent for my child to eat snacks provided by the After School Program.

_____ Permission to use computers under adult supervision.

I accept the above stated terms of this contract. I have also read the Barnard After School Parent and Instructor Handbook and agree to the terms stated within.

Parent/Guardian Signature _____

Date _____

(Barnard After School does not discriminate on the basis of race, creed, color, sex, and national origin, mental or physical handicap. All students are welcome at this program.)