**Before Care and After Care Agreement**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_

**Before Care:**

$20 per week per student if student is dropped off between 7:00 am to 7:45 am.

**Aftercare Options (Circle One):**

Option 1

* $180 per month per student due by the 5th of each month
* Every school day up until 6:00pm

 Option 2

* $45 per week per student due by the 5th of each month
* Every school day up until 4:30pm\* or only 2 days a week up until 6:00pm\*

 Option 3

* $10 per day due in exact cash or check upon pick-up of student before 6:00pm\*
* Must notify the office by 12:00pm the day of care

\*Late pick up fee of $1.00 per minute after 6:00pm will be assessed and charged to your account.

**Aftercare Financial Policy Agreement**

Aftercare accounts are setup on a 10 month pay plan that requires paying the appropriate fee above monthly by the 5th of each month or the following Monday if the 5th lands on a Saturday or Sunday. This will occur from August through May. All accounts must be paid in full by May 5th to receive your student’s report card and test scores, to be re-enrolled, or to receive school records at the end of the school year.

In order to maintain affordable Aftercare rates, CCA must maintain and enforce strict payment standards. Fees paid after the five day grace period and/or returned checks will be charged a $30 service fee.

It is important that CCA maintain a regular cash flow; this can only happen when accounts are paid on time. This financial policy must be agreed to and adhered to by each family that is registering a student in Aftercare.

I have read the above Beforecare and Aftercare Financial Policy Agreement and agree to abide by the terms set forth therein. I agree to pay the appropriate fees if any of the above conditions occur.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_