

Good Shepherd School After School Program

Tuition Rate Schedule 2010-2011

	1 Day	2 Days	3 Days	4 Days	5 Days
One Child	\$11.00	\$22.00	\$33.00	\$44.00	\$55.00
Two Children	\$20.00	\$40.00	\$60.00	\$80.00	\$100.00
Three Children	\$27.00	\$54.00	\$81.00	\$108.00	\$135.00
Four Children	\$32.00	\$64.00	\$96.00	\$128.00	\$160.00

Agreement

- **Registration fee- \$20.00 per child annually (non-refundable).**
- **Payments are due the tenth of each month for the month of service. A late fee of \$10.00 will be assessed for each month payment is overdue.**
- **Parents must pay for all days contracted. For billing purposes, we cannot be responsible for keeping track of sick days, etc. Snow days and holidays will be credited. If we receive written notification of vacations, or extended sick leaves (that are not less than one school week in length) you will be credited the following month. No credit will be offered without written notice.**
- **Snacks are included in the tuition.**
- **We will try to get as much homework completed as possible. We cannot commit to having it finished, but we will do our best.**

- **Hours of operation: 2:40pm to 5:30pm**
- **An overtime fee of \$2.00 per minute for the first 5 minutes and \$1.00 for every minute thereafter will be charged.**
- **Please call the After School Care cell phone if you will be arriving after 5:30 (After School Care Closing Time) - 343-3287. It is recommended that you program this number in to your cell phone.**
- **We can accept drop-ins on a limited basis.**
FEE: \$13.00 per day if your child is registered in the program
\$14.00 per day if not registered.
Please contact the School Office before 1:30 PM on the day that service is needed- 737-7261
- **Billing:** If you have contracted for specific days, you will be billed at the lower rate at the beginning of each month. If you utilize the drop-in service, the attendance sheets will be reviewed at the end of each month and billing at the "Drop-In" rate will be calculated at this time.
- **We want to assure you that your child(ren) will have tons of fun with us. The program offers something for everyone; crafts, puzzles, playground/gym supplies, cars, legos, movies, etc.... We are always open to suggestions, so don't hesitate to contact us.**

*****Please retain this copy of the tuition rates and agreement for your records.**

Please Return This Form To: GOOD SHEPHERD AFTER SCHOOL CARE PROGRAM

Family Name _____ Date _____

Name(s) of Children, age and grade ('10-'11) to be enrolled:

Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____

Days that care is needed:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Although a set schedule provides lower rates, you do not need to commit to a schedule. If a drop-in situation fits your needs, please communicate this clearly at the time the service is needed by either writing to the After School Care Program as well as teacher, or calling the school secretary at 737-7261. Refer to the drop-in rates.

Parent's Name(s) (please print):

Parent's Signature(s):

I(we) understand and agree to the 2010-2011 terms and tuition rates of the Good Shepherd School After School Care Program.

Phone Number:

Address:

GOOD SHEPHERD SCHOOL
After School Care Registration
Student Information Form

Name of Child

Birth date

Address

Mother's or Legal Guardian's Name

Father's or Legal Guardian's Name

Mother's Home Address

Home #/ Cell #

Father's Home Address

Home #/ Cell #

Mother's Employer Name and Address

Telephone No.

Father's Employer Name and Address

Telephone No.

Name and Address of Emergency Contact Person

Telephone No.

Child's Physician

Telephone No.

Special Disability/Needs, if any

Any special medical or dietary information necessary for management in an emergency situation,
any allergies, medications or special conditions.

Any additional information that would be pertinent to your child's stay with us.

Health Insurance Coverage / Medical Assistance Benefits

Hospital Preference

Parent's Signatures Required for Each Item Below To Indicate Parental Consent

Obtaining Emergency Medical Care

Admin. of Minor First Aid Procedures

Child's Name _____

Please list the names of everyone who has your permission to pick up your child(ren) from the After School Care Program.

_____	_____
_____	_____
_____	_____
_____	_____

We require written or verbal notice when any of the above listed people will be picking up your child(ren). If it is necessary for anyone else to pick them up we must be notified in writing or we will personally call you. If there is no note or we cannot contact you live by phone we will not release your child. Anyone picking up a child who is unfamiliar to our staff will be asked to produce a Driver's License as proof of identification.

Please list any special instructions regarding retrieval of your child(ren), ie. custody orders, legal guardians, etc.:

Parent's Signature(s):

Date signed _____