



ECCLESIAL

SCHOOLS INITIATIVE

Before- and Aftercare Agreement

By signing below, the parent or guardian and The Ecclesial Schools agree to the following:

1. Students will be signed in by our staff at the end of carpool, and must be signed out by a parent/guardian or approved pickup person. The staff member in charge of before or after care will keep a record of attendance.
2. Beforecare begins each day at 7:30 am. Parents should park in the carpool line and escort their child to the front door.
3. Aftercare closes each day promptly at 5:00 pm. A late pick up fee of \$10 will be charged if picked up after 5:05 pm and then \$1/minute thereafter.
4. Activities provided will include outdoor and indoor free play, outdoor and indoor organized activities, arts and crafts, strategy games, and other activities.
5. Fees for before- and aftercare are billed to your account through TADS. Parents may enroll their child according to the rates listed in the chart below. Your child will remain enrolled until you cancel. Changes to enrollment must be made prior to the 1st of each month.

Schedule of Fees

	Monthly Enrolled Rates		Daily Drop-In Rates	
	First Child	Siblings	First Child	Siblings
Beforecare (only)	\$37.50	\$18.75	\$3.50	\$1.75
Aftercare (only)	\$137.50	\$68.75	\$10.00 (M, T, Th, F) \$12.50 (Wed)	\$5.00 (M, T, Th, F) \$6.25 (Wed)
Before- and Aftercare	\$175.00	\$87.50		

6. Students may drop-in to before- or aftercare daily as needed. Fees will be totaled at the end of the month and billed to your account through TADS.
7. Fees for enrollment will be charged to your account in nine (9) even monthly payments, September to May. If you use the daily drop-in option, your account will be billed at the end of the month according to how many days you used in a calendar month.
8. We cannot credit your account for days your child misses due to illness or absence, for days when school is canceled due to inclement weather, or if you cancel your child's enrollment after the 1st of the month.

Student Information

1. Student : _____ Date of Birth: _____
Allergies _____
2. Student : _____ Date of Birth: _____
Allergies _____
3. Student : _____ Date of Birth: _____
Allergies _____

Enrollment

I would like to enroll the child(ren) listed above and agree to be billed monthly. Select only one.

- ☐ Beforecare only
- ☐ Aftercare only
- ☐ Before- and Aftercare

Emergency Contacts

1. Name: _____ Relationship: _____
Cell Phone: _____ Authorized to pick-up? Yes or No
2. Name: _____ Relationship: _____
Cell Phone: _____ Authorized to pick-up? Yes or No

Signature of Parent/Guardian or Responsible Party

Date: