



412-487-5490 fawn@glenshawchurch.org

## **2022-2023 Before and After School Agreement**

We will have a bus drop off and pick up to and from Burchfield Primary School, Scott Avenue Primary School, Marzolf Primary and the Elementary School.

There will be a **\$40.00** registration fee for each child and **\$50.00** registration per family, even if you are a family that we already serve.

### **Price per week:**

<b>Options:</b>	<b>Before School Only or After School Only</b>	<b>Before and After School Combined</b>
<b>Part-time (1-3 days)</b>	<b>\$65.00</b>	<b>\$85.00</b>
<b>Full-time (4 or 5 days)</b>	<b>\$90.00</b>	<b>\$100.00</b>

Once your child is accepted into the program, the weekly rate will be due whether or not your child is in our care. **We must have two weeks in advance notice to disenroll your child if you no longer need our service.**

### **Special Attendance Options:**

Early dismissal days will cost \$30.00 more than your weekly rate.

Scheduled days off or snow days will cost \$50.00 more than your weekly rate.

**We MUST know by Tuesday of the week before the day off or early dismissal if your child will be attending. If you do NOT tell us by Tuesday of the week before that your child is not coming, you will be charged regardless. And if your child shows up not scheduled to attend, he/she will be sent home.**

**\*Late fee:** The Early Learning Center does not provide service after 6PM.  
The late fee for pickup after 5:30PM is **\$15.00 + \$1 per minute after 5:30PM.**

**\*Schedule:** Your child's schedule will remain the same all school year for care. **It is especially important that we know if your child is not getting off of the bus after school if they are scheduled to be in our care.**

**\*Forms:** Parents are required to fill out necessary forms with information regarding their child. Health Care Assessments and Emergency Contact Information must be completed and kept current.

**\*Food Policy:** You may bring breakfast items in for them to eat. In the afternoon, the children will be served a small snack after getting off of their bus.

**\*Illness:** Please do not bring your child to the Center if he/she has been ill in the past 24 hours with fever, vomiting, nausea or diarrhea. Children using the Center should have the proper immunization shots for their age. A record of current immunizations will be kept on file at the Center.

**\*Payment:** Payment is due weekly. Your child will not be able to attend the program if the overdue balance exceeds two weeks.

Child's Name \_\_\_\_\_

Grade in current school year \_\_\_\_\_

Name of School \_\_\_\_\_

Parent Name (printed) \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

My child will attend (please check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday
Before Care					
After Care					

I agree to all terms of this agreement. I agree to pay the registration fee plus a weekly rate of (circle one):

\$65.00

\$85.00

\$90.00

\$100.00

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_