



BEFORE AND AFTER CARE CONTRACT

Date: _____

Student's Name: _____ Grade: _____ D.O.B: _____

Parent's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Available Programs (Choose one – Programs are only for students enrolled at FSCA).

- Program A** – Before School Care: **6:00am – 7:45am**, \$200 per month, per student.
- Program B** – After School Care: **3:15pm – 6:00pm**, \$250 per month, per student.
- Program C** – Before & After Care: **6:00am – 7:45am & 3:15pm-6:00pm**, \$350 per month, per student.
- Program D** – Emergency Drop In – **Program A and/or B combined**, \$25 per day, per student.

Terms and conditions

1. All fees, including emergency drop in will be invoiced at the beginning of the month.
2. Once your contract is signed, it is in effect for the term of the school year. You will be charged whether your child attends or not.
Initial: _____
3. Pick-ups after 6:00pm will be charged a \$25 late fee. An additional \$25 fee is added for each 15-minute increment or any part thereof, per child. **Initial:** _____
4. Habitual late pick-ups (3) within 3 months, will result in removal from the program. **Initial:** _____
5. Before care and after school care are only provided on days the Academy is in session for students.
6. After school care will not be provided on half-days for Academy students.

Student Rules & Regulations

1. Upper class students must work on their homework, or study quietly.
2. There will be no running, yelling, hitting, or horseplaying.
3. No loud music or videos, or the devices will be turned off.
4. No fighting over the TV remote or the TV will be turned off.
5. Students must keep their personal belongings together and organized.
6. Snack time – students must clean up after themselves and throw all their trash away, or their snack privileges will be taken away.
7. Any student attempting to misuse the internet will get their electronic device privileges taken away.

Parent's Name (Print)

Signature

Date

FOR OFFICE USE ONLY

(Revised 7/2023)

Start Date: _____

End Date: _____

DEPARTURE AUTHORIZATION

If someone other than yourself will be picking-up your child from school, or if your child is allowed to leave school premises during lunch time with another student, or if another student may transport your child after school, please list their names and relationship to student below. **Your child will not be allowed to leave school premises with anyone else, regardless of the circumstances.**

Name	Relationship	Phone
-------------	---------------------	--------------

Name	Relationship	Phone
-------------	---------------------	--------------

Name	Relationship	Phone
-------------	---------------------	--------------

Name	Relationship	Phone
-------------	---------------------	--------------

Parent's Name (Print)	Signature	Date
------------------------------	------------------	-------------