

PARENT AGREEMENT

Academic Enrichment and Remediation Program

My signature on this agreement indicates that I have read the Academic Enrichment and Remediation Program and agree to abide by the rules and regulations of the Academic Enrichment and Remediation Program. I am aware that the Academic Enrichment and Remediation Program will not operate during scheduled school holidays. I am aware that the Academic Enrichment and Remediation Program will not operate during early dismissal days. I know that the program will be closed if the school is closed for emergencies.

I also agree to the following rules:

- I will drop off my child(ren) **no earlier** than 6:45 am and I will pick them up **no later** than 5:30 pm. I understand that \$1.00 per minute will be charged, if not picked up on time.
- Fees are due on Monday of each week and are non-refundable. I agree to pay a **\$25 NSF fee** for returned checks, with a second offense resulting in future payments by cash or money order.
- It is my responsibility to keep the program informed of any changes in address, telephone numbers, custody requirements and emergency information.
- I agree to give a one (1) week written notice if my child will be withdrawing from the program.

PARENT or LEGAL GUARDIAN SIGNATURE

DATE

****Please complete and return the Parent Agreement form and application with a \$40 non-refundable registration fee and a first week payment (\$35 AM only/\$55 AM/PM or PM only).**

Academic Enrichment and Remediation Program Enrollment Form

Please print legibly and fill out this form completely.

Date: _____

Student: _____

Classroom Teacher: _____

Known allergies or dietary restrictions: _____

Date of Birth: _____

Grade: _____

Male _____

Female _____

Address: _____

Mother's Name: _____

Home Phone: _____

Mother's Cell #: _____

Mother's Work: _____

Father's Name: _____

Home Phone: _____

Father's Cell #: _____

Father's Work: _____

Emergency Contact Name: _____

Phone #: _____

Students MUST BE picked up by 5:30 PM!!!

Registration Fee: \$40 non-refundable Paid: \$ _____ Ck # _____ Cash _____

_____ AM only _____ PM only _____ BOTH

Cost per week \$55 (before/after or after only)

Start Date: _____

Cost per week \$35 (morning only)

Cost of \$1 per minute AFTER pick-up time

My signature on this application indicates that I have read the Bellingrath Hills Academic Enrichment and Remediation Program Handbook and agree to abide by all rules and regulations.

Parent or Legal Guardian Signature

List of ALL persons authorized to pick up your child:

1. _____
Phone: _____

4. _____
Phone: _____

2. _____
Phone: _____

5. _____
Phone: _____

3. _____
Phone: _____

6. _____
Phone: _____

Mother's Signature

Father's Signature

****Please note that ALL parents will get a copy of this information.**