

2019-2020 STUDY SKILLS/AFTERCARE PROGRAM ENROLLMENT CONTRACT

STUDENT INFORMATION:

 First Name Middle Last Grade Level

 Birthdate M F Student Lives With

GUARDIAN INFORMATION:

_____ Name: Parent/Guardian #1 _____ Relationship _____ Street Address _____ City State Zip _____ Home Phone Mobile Phone/Pager _____ E-mail address _____ Employer _____ Employer Address _____ Business Phone FAX	_____ Name: Parent/Guardian #2 _____ Relationship _____ Street Address (if different) _____ City State Zip _____ Home Phone Mobile Phone/Pager _____ E-mail address _____ Employer _____ Employer Address _____ Business Phone FAX
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TUITION

After Care Weekly Rates

- 5 days- \$60.00
- Daily Drop in \$12.00
- Hours: 2:30PM-6PM

Teacher In-Service Half Day Rates:

- Half Day - \$24.00
- Hours: 11:30AM-6:00PM

**We will only be offering extended care on the Teacher In Service Half Day's based on the enrollment interest. We will NOT have extended care available during the week-long breaks (i.e. fall break, winter break and spring break). Please plan accordingly based on the school calendar.*

This contract is not binding upon the school until executed by the school and is for a period of one academic year. For enrollment to be complete, the following must be fulfilled:

1. Completion of an enrollment contract with signatures
2. Completion of the emergency card
3. Payment of appropriate fees
4. Completion of student file

The student will be considered enrolled in the school for the grade level set forth above upon acceptance and execution of this contract by the school. Upon acceptance, the school will return one copy of this contract. **Legal Guardians are jointly and separately responsible for the student's account.** It is the obligation of the below-signed Guardians to make all payments in accordance with the **terms of this contract as detailed on back.** In the event that payments should become delinquent, guardians are responsible for any legal or other fees incurred. I/We have read, understand and agree with the terms and conditions:

 Parent/Guardian Signature Date Parent/Guardian Signature Date

Desert Heights does not discriminate against any person in admission, employment, or otherwise because of race, color, religion, national origin, disability, sex or age in violation of existing state or federal law or regulation.

2019-2020 Academic Year
TERMS OF DESERT HEIGHTS AFTERCARE ENROLLMENT CONTRACT

AUTHORIZATION

You must sign your child in and out of the aftercare program. You will not hold us responsible for any liability for allowing any one authorized by you to pick up your child. Your written authorization will remain effective until you notify us in writing of its termination. You will notify us in writing if you wish to authorize a new person to pick up your child and agree that, if circumstances prevent you from delivering an authorization in person, we may rely on an authorization provided by you by fax which will include additional identification.

_____ (Please Initial)

PROGRAM FEES

We may increase our program fees at any time by giving you at least one month's prior notice.

_____ (Please Initial)

RESPONSIBILITY

You agree that you will be responsible for any losses, damage or destruction by your child of any property of the school and for any damage for which the school becomes liable or chargeable for your child's actions.

_____ (Please Initial)

TERMS OF PAYMENT: All charges are due and payable on the 1st day of each week. Weekly statement can be viewed on ParentVue/StudentVue as we do NOT send paper copies. Payment can be mailed or paid in person at the school office. Cash or Check payments can be made in the front office, credit card payments are only accepted online through ParentVue. Please note if you are paying via check payments are to be separate than other student fees. There is a \$20.00 late fee for payments received after 8:00 a.m. on Wednesdays.

Families will lose the opportunity to participate in the aftercare program if their account is past due and will not be able to utilize this service if the account is not in a current status. If your child is not able to attend the program and is not picked up at dismissal time, the school has the right to call authorities for child abandonment.

_____ (Please Initial)

COST OF COLLECTION / STUDENT RECORDS

If we refer your account for collection, you will pay all our costs of collection, including (but not limited to) attorneys' fees. We will not be obligated to release to you or any other school any student records until your financial obligations are paid in full, except as legally mandated.

_____ (Please Initial)

PAYMENT BY CHECK

There is a **\$25.00 NSF fee** for all returned checks. After an NSF checks received all payments must be made with a cashier's check, money order, cash, debit or credit card.

_____ (Please Initial)

FULL-DAY/HALF-DAY AND WEEKLY CLOSURES

There are several occasions that Desert Heights Preparatory Academy will be closed for Teacher in Service or breaks, we will NOT offer extended care services. Your account will be adjusted accordingly for these days when services are not provided.

_____ (Please Initial)

DESERT HEIGHTS PREPARATORY ACADEMY

Desert Heights Preparatory Academy
3540 W. Union Hills Drive
Glendale, AZ 85308
602-896-0888
www.desertheightsprep.org

IN CASE OF CANCELLATION OR WITHDRAWAL: A 2-week written notice of withdrawal must be provided to the office two (2) weeks prior to your child's last day of school; which becomes effective the day we receive your written notice. You are financially responsible for those two (2) weeks.

_____ (Please Initial)

RULES AND REGULATIONS: The guardians and the student agree to abide by and uphold and support all policies, rules, regulations, and decisions adopted by the school as set forth currently and such other policies, rules, and regulations as may be implemented by the school. General rules and regulations are published periodically by the school and in the Parent Handbook, copies of which are available from the school office and are hereby incorporated by reference. Disregard of the rules and regulations of the school or disruption of the school community is sufficient cause for dismissal.

_____ (Please Initial)

ABSENCES OR ILLNESS: Refunds or credits **will not** be given for absences due to illness, vacation, participation in sports or after school club or any other reason. If you choose to withdraw your student for the time being, you may do so however a written two-week notice **MUST** be given in advance.

_____ (Please Initial)

OPTIONAL CHARGES: Opportunities may arise which require additional fees for some field trips which will be charged on a per trip basis.

_____ (Please Initial)

LATE DEPARTURES: Aftercare hours are 2:30PM – 6:00PM Parents who have not picked up their children by 6:00PM **will be charged an additional \$1.00 per minute late fee**, to be paid when the student is picked up, as determined by school time. Late departures due to inclement weather or health emergencies are exceptions. Parents **MUST** notify the aftercare attendant for ANY circumstance to plan accordingly. If the parents has more than two late pick up's, aftercare services will be terminated with notice and refund will not be given.

_____ (Please Initial)

THIS AGREEMENT is entered into by and between Desert Heights and the parents/guardians whose signatures appear on the front of this contract. In consideration of the mutual promises set forth herein, the parties hereto accept the following terms and conditions governing enrollment and attendance at the school. All admissions are accepted at the sole discretion of Desert Heights.

_____ (Please Initial)

I agree to the above terms and conditions, including the obligation to pay the school all charges for programs and additional fees and in all events to be responsible for the financial obligations of my child.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date