

TRUSSVILLE CITY SCHOOLS
AFTER SCHOOL CARE PROGRAM
TUITION CONTRACT

This agreement is made on ____/____/____ between Trussville City Schools After School Care Program and the Parent/Legal Guardian, _____, of

_____ who resides at the following address:

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

1. Parent's initial _____

I understand that my student(s) will not be enrolled into the After School Care program until all registration paperwork has been received. I must do a registration packet for each student I would like enrolled in the After School Care program.

2. Parent's initial _____

I agree to pay tuition in advance by the 15th day of each month. I agree to pay a \$5.00 a day late fee if my tuition is not received on time. I understand that I will be given receipt for all fees paid, and that I **must keep** each receipt for tax purposes. The After School Care program **does not** provide annual receipts.

3. Parent's initial _____

I agree to pay a non-refundable registration fee of \$45.00 per family for my student(s) enrolled in the program. I understand that the registration fee is due each school year at the time of registration and my child is not considered enrolled until the fee is received.

4. Parent's initial _____

I do not expect After School Care program to provide medical insurance for my student(s) nor will I hold the After School Care program, agents or staff liable for injuries which may occur in the normal provision of child care. I will provide my own medical insurance, and I will provide the After School Care program with a copy of my student(s) current insurance card.

5. Parent's initial _____

I understand and accept that my student(s) may be dropped from the program if he/she cannot follow the rules or becomes a risk to himself/herself, other children and/or staff.

6. Parent's initial _____

I also understand and accept that my student(s) may be dropped from the program if I am chronically late picking him/her up (no later than 6:00 pm) or do not make payment by the 15th of the month for three (3) consecutive months.

7. Parent's initial _____

Please make checks payable to Trussville City Schools (TCS) and make sure to include your driver license number, telephone number and student(s) name.

I have read and agree to the above policies, procedures, and rules. Until these policies are changed, I accept them as they are and agree to abide by them.

Parent's Signature

Date

Children Enrolled in the After School Care program:

Name	Grade	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____