

**Lee-Scott Academy After School Care Contract
After School participants**

Child's Name _____ **Grade 2019-2020** _____

Application Fee \$60 2:45 - 5:15 P.M. Care \$210 Monthly Annually \$1890

The contract is for a full year and the obligation to pay for the full year is unconditional, without reduction of any fees as a result of absences, withdrawal or dismissal of a student.

Tuition for LSA After School Care will be **\$210.00 per month** with the **total for the year of \$1890.00**. Payments may be paid monthly or annually. Payments are due on the first of the month and are delinquent after the 10th day of the month. For any delinquent payment there will be a **\$20.00 late fee added**. Payments begin the first day of September with the last payment due no later than May 10th. Failure to pay will result in dismissal from the program.

LSA After School Care begins with the first full day of school in August and ends the last full day in May. The program operates on full school days only and is not in session during inclement weather. The LSA After School Program closes at 5:15 P.M. A \$5.00 fee per child will be charged for each 5 minutes after 5:15 P.M. your child/children remain in after school care.

We are licensed by the Alabama Department of Human Resources during the above hours. Students who are not picked up or stay beyond this time put our license in jeopardy. Two late pick-ups (after 5:15) will result in dismissal of the program. Additionally, two incidences of behavior will result in dismissal from the program. The first will be identified by written warning and the second will be dismissal from the program.

You are not registered until \$60.00 has been paid, contract information below completed and you have been contacted by the school.

When you sign and return the contract, you agree to pay all fees for the full school year and understand the procedures for dismissal from the program.

Parent(s)/Guardian(s) Printed _____

Signature of Parent(s)/Guardian(s) _____ **Date** _____

Cell Phone Number and email of parents:

Mom: cell _____ **email** _____

Dad: cell _____ **email** _____

Emergency Contact Name _____ **Number** _____

Dear Parent,

If you would like for your child to be considered for acceptance into LSA After School Program next year, please complete the form and send in your \$60.00 registration by Friday, March 29th.

We will contact you if your child has been accepted by April 12th.

Respectfully ~

Kim Sistrunk
Mary Anna Martin-Smith
LSA After School