Lee-Scott Academy (LSA) After School Care Contract

Child’s Name ______________________________________________ Grade 2022-2023 _______________

Grades: K-3rd Application Fee: $60 Hours: 2:50pm - 5:15pm Cost: Monthly $215, Annually $1,935

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 $215.00 per month with the total for the year of $1,935.00. 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 Care dismisses at 5:15 pm.

Two late pick-ups (after 5:15pm) will result in dismissal from the program. Additionally, two incidences of behavior will result in dismissal from the program. The first will be identified by a written warning and the second will be dismissed 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 ________________