



<b>For Office Use Only</b> Date Received: _____ Received by: _____
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# Parent Agreement

Dear Parents,

Your child has been accepted in the Newton County School System’s After School Academic Program (ASAP) for the \_\_\_\_\_ school year. The following guidelines for the program will be in effect for the year. Please read this agreement and acknowledge acceptance of these terms with your signature.

**Regarding tuition and late fees, I understand that:**

- The weekly tuition rate of **\$40.00** must be paid by 6:00 p.m. on Friday prior to the upcoming week of service. Failure to pay by this time will result in a \$5.00 per day late fee. If payment, including late fee is not received by the close of business on the following Monday, my child will not be eligible to attend until full payment is made.
- The program’s operating hours are 2:10 p.m. until 6:00 p.m. (elementary) and 4:15 until 6:30 p.m. (middle) each day school is in session. If my child is not picked up by 6:05 p.m. (elementary) or 6:35 p.m. (middle), I am responsible for paying \$1.00 per minute for each minute late which must be paid at pick-up. If my child is not picked up by 7:00 p.m. and I have not notified ASAP staff of an emergency, the program staff will notify legal authorities and custody of my child will be turned over to them.
- No tuition refunds or carryovers will be given if my child is absent or suspended from ASAP.

**Regarding withdrawal and re-enrollment, I understand that:** If my child is not in attendance in the ASAP for any reason (voluntary, disciplinary, payment, etc.) and I wish for him/her child to remain in the program, tuition must be paid for the time that he/she is not in attendance or he/she will not be eligible to attend until payment and late fees (if applicable) are paid. If my child will be absent from the program for two weeks or more, it is recommended that I withdraw my child and re-enroll him/her at a later date. The re-enrollment fee \$25.00. All outstanding fees must be paid before re-enrollment is granted.

**Regarding returned checks, I understand that:** Checks returned for insufficient funds will be handled by Envision Payment Solutions and a \$37.00 service fee will be assessed for each returned check.

**Regarding discipline, I understand that:** My child may stay in the program if acceptable behavior is exhibited. Discipline problems will not be tolerated. If my child is disruptive, disrespectful to authority, abusive or threatening to other students in any way, he/she may be dismissed temporarily or permanently from the program. Severe violations may necessitate dismissal on a first offense.

**Regarding serious emergencies or illness, I understand that:** The program will attempt to contact me or an authorized person listed on my child’s registration form. If the ASAP staff is unable to reach me or my designee, I hereby authorize ASAP staff to take whatever action is reasonable to provide the necessary help for my child, including contacting emergency medical services or transporting my child to a medical facility.

**Regarding services, I understand that:** Program activities are designed for students who are able to participate independently in age-appropriate activities within a 1:18 teacher/student ratio. Failure to disclose any information affecting your child’s participation in group activities may result in his/her dismissal from ASAP.

**Regarding homework, I understand that:** The program provides designated times for enrichment activities and homework. During homework time, staff is available for assistance. Though reasonable efforts will be made, staff is not responsible for ensuring that all homework is complete and correct.

**I have read, understand and agree to all policies and procedures as indicated on this agreement form. I also acknowledge receipt of a Parent Handbook which explains these policies in greater detail.**

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Parent – white copy

Student file – pink copy