

Edgewood Academy
AFTER SCHOOL CARE PROGRAM (ASC)
2024-2025

Registration fee is \$15 per family. Please complete and return application indicating the service for which you are registering to the business office prior to attending ASC. Charges will be added to your FACTS payment account.

Part Time	Pick-up by 4:00	\$110.00 per month
Full Time	Pick-up by 5:45	\$180.00 per month
*Drop-In	Pick-up by 4:00	\$10.00 daily
	Pick-up by 5:45	\$15.00 daily

**Drop-in spaces are limited and registration is required. Please send a note or contact the office by 2:00 p.m. if your child needs to attend as a drop-in.*

- Snack and drink will be provided for students staying after 4:00
- December and May fees are prorated - \$55/\$90
- Missed days will not be deducted from your monthly fee
- **Late pick up fees: Part-time - \$5.00 per 15 minutes beginning at 4:01**
Full-time - \$5.00 per minute beginning at 5:46

Cancellations and/or changes must be submitted IN WRITING TO THE OFFICE at least one week in advance of the following month. **If advance notice is not given you will be charged for that month.**



Edgewood Academy
After School Care
Registration and Agreement
2024-2025

(Please complete and return to the business office prior to attending ASC)

Child/rens' names

1 _____ Grade _____ M/F _____

2 _____ Grade _____ M/F _____

3 _____ Grade _____ M/F _____

 Parent/Guardian Primary Ph. _____

 Street Address City State Zip

 Mother Employer Work Ph. Cell Ph. Other Ph.

 Father Employer Work Ph. Cell Ph. Other Ph.

The following individuals **may** pick up my child or be contacted in case of an emergency (other than parents):

Name	Relationship	Home #	Work or Cell #
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

REGISTRATION FEE OF \$15.00 PER FAMILY WILL BE BILLED TO YOUR FACTS ACCOUNT.

I understand this registration fee is non-refundable for students accepted by the Edgewood Academy After School Care Program. Given acceptance, I agree that the monthly fee for the service selected will be billed to my FACTS account and paid accordingly. Payments not made by the due date are subject to a **\$30 late fee**. I understand that drop-in or late pick up fees not paid the day of service will be billed to my FACTS account.

(Please circle one of these)	Time	Monthly Fee	Dec. & May (pro-rated)
Part Time	Pick up by 4:00	\$110.00	\$55.00
Full Time	Pick up by 5:45	\$180.00	\$90.00
*Drop-In	Pick-up by 4:00	\$10.00 daily	
	Pick-up by 5:45	\$15.00 daily	

I also agree to the following policies:

- 1) Missed days will not be deducted from your monthly fee.
- 2) **Late pick up will result in an additional charge.**
- 3) Cancellations and/or changes must be submitted **IN WRITING TO THE OFFICE** at least one week in advance of the next month. If advance notice is not given you will be charged for that month.

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

 Signature of Parent or Guardian

 Date

(for office use) Paid by cash _____ Check # _____ FACTS _____ Amount Paid_\$ _____ Received by _____