Edgewood Academy
AFTER SCHOOL CARE PROGRAM (ASC)
2026-2027

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 account.

Part Time	Pick-up by 4:00	$120.00 per month
Full Time	Pick-up by 5:45	$200.00 per month
*Drop-In	Pick-up by 4:00	$15.00 daily
	Pick-up by 5:45	$20.00 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 - $60/$100
- Missed days will not be deducted from your monthly fee
- **Late pick up fees: Part-time - $5.00 per <u>15 minutes</u> beginning at 4:01**
  Full-time - $5.00 per <u>minute</u> beginning at 5:46

Cancellations and/or changes must be submitted <u>IN WRITING TO THE OFFICE</u> 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
2026-2027

(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_____

_____Primary Ph._____
Parent/Guardian

_____
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	$120.00	$60.00
Full Time	Pick up by 5:45	$200.00	$100.00
*Drop-In	Pick-up by 4:00 Pick-up by 5:45	$15.00 daily $20.00 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_____