

**Edgewood Academy  
After School Care  
Registration and Agreement**

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.

<b>(Please circle one of these)</b>	Time	Monthly Fee	Dec. & May (pro-rated)
Part Time	Pick up by 4:00	\$105.00	\$50.00
Full Time	Pick up by 5:45	\$175.00	\$85.00
*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 \_\_\_\_\_