

RIDGECROFT AFTER SCHOOL PROGRAM (K-5TH GRADE) - Parent Agreement

I am the parent or legal guardian of _____ in grade _____

After School Requirements and Policy

Students: Kindergarten through Fifth Grade

Hours of Operation: 2:45 p.m. until 6:00 p.m. Late pick-up fee \$6.00 per minute

Cost: \$7.00 per child, per day
\$30.00 per child, per week (5 days)

Payment Policy: In order for students to continue to use the program, all balances must be paid within 30 days of receiving billing statements.

In order to record my understanding of my rights and responsibilities as parent, guardian, or custodian of the above-named child, who is enrolled in Ridgcroft After School Program (K-5th Grade), I agree to abide by all requirements and policies set forth by Ridgcroft School.

In return for this promise of continual fulfillment of all policies, Ridgcroft After School Program (K-5th Grade) agrees to provide care for the above-named child, which meets the standards and guidelines as set forth by Ridgcroft School.

Parent/Guardian Signature

Date

After School Director Signature

Date

----- Office Use -----

Effective Date _____

Termination Date _____

RIDGECROFT AFTER SCHOOL PROGRAM (K-5TH GRADE) - Information Form

Child's Name _____ Grade _____

Home Address _____ Birth Date _____

Father _____

Cell # _____

Work # _____

Home # _____

Mother _____

Cell # _____

Work # _____

Home # _____

Paternal Grandmother _____

Cell # _____

Work # _____

Home # _____

Maternal Grandmother _____

Cell # _____

Work # _____

Home # _____

Paternal Grandfather _____

Cell # _____

Work # _____

Home # _____

Maternal Grandfather _____

Cell # _____

Work # _____

Home # _____

PERSON(S) TO WHOM CHILD MAY BE RELEASED: Names & Contact Numbers

Medical Information

Doctor _____

Address _____

Office # _____

Hospital _____

Address _____

Office # _____

SPECIAL INSTRUCTION AND/OR ALLERGIES

Billing Information

The following information is necessary in order for After School statements to be sent to the person responsible for payment.

Mr. & Mrs. / Mr. / Mrs. / Ms. _____

Billing Address _____

