



RIDGECROFT SCHOOL AFTER SCHOOL PROGRAM PARENT AGREEMENT

I am the parent or legal guardian of the student named below

In grade _____

REQUIREMENTS & POLICY

Hours of operation : 2:45 PM - 6PM

Late pick -up fee is \$6.00 per minute.

Cost: \$10 per child, per day

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 a parent, guardian, or custodian of the above-named child, who is enrolled in Ridgcroft School After School Care Program, I agree to abide by all the requirements and policies set forth by Ridgcroft School.

In return for this promise of continual fulfillment of all policies, Ridgcroft School After School Care Program 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 Care Coordinator

Date

Effective Date _____ Termination Date _____

Ridgcroft School After School Program - Information Form

CHILD's NAME _____ GRADE _____

HOME ADDRESS _____ BIRTHDATE _____

FATHER _____ MOTHER _____

CELL # _____

CELL # _____

WORK # _____

WORK # _____

HOME # _____

HOME # _____

MATERNAL
GRANDFATHER _____

MATERNAL
GRANDMOTHER _____

CELL # _____

CELL # _____

WORK # _____

WORK # _____

HOME # _____

HOME # _____

PATERNAL
GRANDFATHER _____

PATERNAL
MOTHER _____

CELL # _____

CELL # _____

WORK # _____

WORK # _____

HOME # _____

HOME # _____

Ridgecroft School After School Program - Information Form (CONTINUED)

PERSON(S) TO WHOM CHILD MAY BE RELEASED TO :
{NAME & CONTACT NUMBER}

NAME & NUMBER : _____ NAME & NUMBER : _____

NAME & NUMBER : _____ NAME & NUMBER : _____

MEDICAL INFORMATION

DOCTOR : _____ PHONE : _____

ADDRESS : _____

HOSPITAL : _____ PHONE : _____

ADDRESS : _____

SPECIAL INSTRUCTIONS AND/OR ALLERGIES

BILLING INFORMATION

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

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

Billing Address : _____