

Registration Information:

Days the student will be staying:

____ Weekly – M/T
____ Weekly – Th/F

____ Weekly – M, T, Th, F

Fees:

- **A non-refundable yearly registration fee in the amount of \$10.00 per child is required for participation in the After-School Program.**
- **The weekly (4 days) rate is \$40.00 per child. Two day weekly rate is charged at \$20.00 per child.**
- **Accounts must have a credit or less than \$40 balance by Monday mornings to attend ASP on any day of that week**
- **Payments need to be made on MySchoolBucks.com or by money order. No other form of payment will be accepted.**
- **Fees will be assessed weekly. ****Please note that advanced notice must be given to the ASP Director if there is a change in your child(ren)'s ASP needs**** No fees will be assessed during school holiday weeks.**
- **A late fee of \$1.00 per minute per student after 6:00 p.m. will be assessed for all late pick-ups.**

- **Wednesday care is not available at this time.**

Acknowledgement of ASP Terms

My child(ren) and I agree to abide by the Brighten Academy Code of Conduct and all policies and procedures outlined in the Brighten Academy Handbook. I understand that non-compliance may be grounds for withdrawal from this program. I acknowledge my responsibility to provide payment for after school care to the Brighten Academy ASP. Payments are due when services are rendered unless prior arrangements have been made with the ASP Director. Payments not rendered in a timely manner may result in late fees and possible withdrawal from the program.

I accept responsibility for providing punctual pick-up transportation for my child and acknowledge that a late fee of \$1.00 per minute per student after 6:00 p.m. will be assessed. If I am going to be late to pick up my child(ren) due to emergency circumstances, I agree to notify the ASP staff immediately. I understand that notification of a late arrival does not eliminate the late fee.

I understand that my child will only be released to the individuals I identified on this form as authorized pick up persons. I will communicate transportation changes in advance or by phone or confirmed email address. Individuals picking up my child will be asked for photo identification.

I acknowledge receipt of this and the ASP handbook, and I agree to abide by the ASP terms and conditions.

Parent Name (Please Print)

Parent Signature

Rev. September 2020

Date