## False River Academy Aftercare Registration Form

Following are the guidelines under which the FRA Aftercare program operates. Please read carefully and fill out necessary information. Please sign and return this form no later than the last business day of July. For all correspondence pertaining to aftercare, either mail to the school or send in an envelope marked attention "Aftercare".

**Hours of Operation:** 3:05 pm to 5:30 pm. Late fees will be assessed after 5:35 pm.

## AFTERCARE IS PROVIDED FOR STUDENTS FROM THE THREE YEAR OLD PROGRAM THROUGH 6<sup>TH</sup> GRADE. SPACE IN TH IS PROGRAM IS LIMITED and THEREFORE REGISTRATION IS ON A FIRST COME FIRST SERVE BASIS.

Fees: \$6 a day for registered students - To receive this rate, you must prepay for aftercare at the

beginning of the month with the days aftercare service is needed.

**\$8** a day for unscheduled days – A student must be currently enrolled in the program.

Late Fees: After 5:35 p.m. - A LATE FEE OF \$1 per MINUTE WILL BE ASSESSED UNTIL THE STUDENT

IS PICKED UP WITH LATE FEE PAYMENT DUE AT TIME OF PICKUP.

A late fee of \$25 will be assessed for payments made fifteen days after due date.

Statements will be distributed monthly, by the fifth day of each month.

\*\*\*YOU ARE PAYING FOR YOUR CHILD/CHILDREN TO HAVE A PLACE IN THIS
PROGRAM. NO CREDIT OR REFUNDS ARE GIVEN FOR ANY MISSED DAYS OR PLANNED
ABSENCES.

<u>PAYMENT IS SEPARATE FROM TUITION</u>. PLEASE MAKE CHECK PAYABLE TO FRA WITH A NOTATION IN THE MEMO SECTION "aftercare". If mailing in your payment, please put "Attention: Aftercare" on the envelope.

The parent applicant of registered aftercare child/children will receive all balance statements and is solely responsible for payments. (No two or more party payment arrangements will be acceptable)

When picking up your child/children, a sign out sheet is provided that **MUST** be signed before leaving.

Only parents and those you have listed on the "Approved Pickup List" located on the reverse side of this document will be allowed to take your child/children.

If you have any questions you can call the school at 638-86	10 and leave a message, for the Aftercare director
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I have read, understand, and agree to abide by the abov	e listed rules and regulations of the FRA Aftercare Program.
Parent (s) or Guardian Name (Print)	
Signature:	Date:

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Please fill out the following information on you	ur child (ren) to regis	ster the	m for Af	tercare.	(Please p	orint)	
1. Student's Name:  Day (s) of the week registering for Aftero				W	TH	Grade	
FOOD ALLERGIES, IF ANY:							-
2. Student's Name:  Day (s) of the week registering for Afteror FOOD ALLERGIES, IF ANY:			T	W	TH	Grade	-
Address:							
Phone Numbers: Mother's home phone#	, Work#, Cell#						
Father's home phone#	, Work#			,	Cell#		
Emergency contact person (s) in the event neit	ner parent can be rea	ched:					
Name:	, Home Phone#				_, Cell#_		-
Name:	ame:, Home Phone#			, Cell#			_
***********	*******	*****	*****	*****	*****	*******	****
A	APPROVED SIG	SN-O	UT LIS	ST			
Please list below anyone you approve to p of the student, please specify relation. On advance that you are sending someone on aftercare letting us know. If at anytime the the aftercare know immediately so that nar	ly those on this list this list to pickup gere is a change in v	st will your cl which y	be allo hild, plo ou app	wed to ease ser rove to	sign-out id a note pick up	your child. If you k to school to the atten your child (ren) you r	know in ntion of
NAME							
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Revised: 2/6/13 **OVER**