

Wai'ala'e Elementary Public Charter School

Please sign my child up for care:

_____ **Before school** _____ **After school** _____ **Date of PD/Waiver day**

1st Child's Name: _____ Age: _____ Sex: _____ Birth date: _____ Grade: _____

2nd Child's Name: _____ Age: _____ Sex: _____ Birth date: _____ Grade: _____

3rd Child's Name: _____ Age: _____ Sex: _____ Birth date: _____ Grade: _____

Days attending: M T W Th F

Language spoken at home: _____ Ethnicity(optional): _____

FAMILY INFORMATION:

Mother/Guardian's Name: _____ Home phone: _____

Mother's Address: _____

Mother's Employer: _____ Work phone: _____

Father/Guardian's Name: _____ Home phone: _____

Father's Address: _____

Father's Employer: _____ Work phone: _____

List below persons authorized to take your child from the facility and their phone numbers.
(THE CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON.)

Name:	Relationship:	Phone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any changes in departure authorization must be received in writing from the parent or guardian.

FOR OFFICE USE ONLY

CHECK NUMBER & DATE: _____ RECEIPT NUMBER: _____

PARENT RESPONSIBILITIES AND BILLING PROCEDURES:

Parents Responsibilities/Agreements: Please INITIAL EACH of the following to indicate that you have read, understand and agree with each item.

I understand & agree:

- 1. My child(ren) is not allowed to come and go freely from the After School Program site.
- 2. My child(ren) must sign in each day and only authorized persons may sign him/her out each day.
- 3. I must maintain communication with the Site Coordinator/ Group Leader of any daily departure changes.
- 4. I must maintain communication with the Site Coordinator/ Group Leader about my child(ren) and keep him/her informed of any pertinent changes.
- 5. I must contact the After School Program when my child(ren) is sick or absent.
- 6. If a medical emergency arises, the After School Program will first attempt to contact me. If I cannot be reached, the After School Program will attempt to contact persons authorized by me in case of an emergency, and that if no authorized persons can be reached, appropriate treatment will be secured at the nearest medical facility. If a major illness or injury is involved, the child(ren) will be transported by ambulance to a designated site and/or physician and I am financially responsible for any medical care or transportation incurred on my child(ren) behalf.
- 7. Wai`alae After School Program will operate from the close of school to 5:30pm each school day. The program will not operate during school vacations, state holidays, Teacher Institute days, and school half days.
- 8. It is my responsibility to see that my child is picked up by the designated closing time.
- 9. If my child is having problems in the program, a conference will be arranged between parent, staff, and Site Coordinator.
- 10. If weather or other emergency forces the closing of regular school, the After School program will be closed.
- 11. I am responsible for paying for monthly fees on time.
- 12. I shall pay the monthly tuition when it is due or it must be postmarked before the first school day of each month.
- 13. The monthly tuition is a flat rate, and that it does not depend on the number of days my child(ren) actually attends the program.
- 14. The After School Program makes no refunds once tuition is paid for the month even if my child(ren) has attended only part of the month. E.g., even for one day.
- 15. I must pay a \$25.00 service charge for any checks that I write to the program that is returned to the bank because of insufficient funds.
- 16. I shall pay a \$1.00 late charge for each program day the monthly tuition is overdue and that overdue payments more than five days late shall result in immediate termination from the program.
- 17. If my child is picked up late, I will pay a \$5.00 late fee for every 15 minutes or fraction thereof beyond closing time, and chronic tardiness may result in my child's termination.

I understand and agree to abide by the above parent responsibilities and billing procedures. I understand and agree that my failure to do so may result in termination of my child(ren)'s enrollment in the Wai`alae before and/or after school program.

Signature

Date