

Somerset Academy - Davie

Learning Enrichment After-School Program

2010-2011

Payment Schedule

Initial Payment covers \$30 registration fee, tuition for the month of August, 2010, May & June 2011, plus 8 monthly installments due on the 1st of the month. A \$25 late penalty will be assessed if payment is not received by the 5th of the month. A \$50 late penalty will be assessed if payment is not received by the 10th of the month. Tuition not received on the 1st of the month will place the child's seat in the before and/or after care program in jeopardy if a waiting lists for before/after care exists.

Payment Type	Initial Payment	Monthly Payment	Annual
Before Care 1 Student	\$ 181.16	\$ 95.00	\$ 941.16
After Care 1 Student	\$ 284.51	\$ 160.00	\$ 1564.51
Before & After Care 1 Student	\$ 403.84	\$ 235.00	\$ 2,283.84
Before Care 2 Students	\$ 346.73	\$ 180.00	\$ 1,786.73
After Care 2 Students	\$ 543.40	\$ 304.00	\$ 2,975.40
Before & After Care 2 Students	\$ 770.27	\$ 446.50	\$ 4342.27
Before Care 3 Students	\$ 505.69	\$ 261.25	\$ 2,595.69
After Care 3 Students	\$ 789.74	\$ 440.00	\$ 4309.74
Before & After Care 3 Students	\$ 1118.06	\$ 646.25	\$ 6288.06

First day of LEAP:
Last day of LEAP:

August 23, 2010
June 8, 2011 (after-care is not provided on June 9, 2011 - the last day of school)

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2010-2011

LEARNING ENRICHMENT AFTER-SCHOOL PROGRAM

Parent Contract

1. Parents and Students agree to adhere to and follow all terms, conditions, rules and regulations outlined in the Learning Enrichment After-School Program Parent and Student Handbook 2010-2011. Parent hereby acknowledges that he/she has read the Handbook and reviewed it with his/her child(ren) and agrees to abide by the regulations therein contained.
2. Parents are to pay tuition for the program by the first of the month payable to Somerset Academy - Davie. A late charge of \$25 will be assessed for payments received after the 5th of the month. Payments received after the 10th of the month will be assessed a \$50 late fee. LEAP Late fees must be paid upon receipt of notification. Children whose payment has not been received by the 15th of the month will be removed from the program for the remainder of the school year. This does not remove the obligation of payment.
3. Any payment, which is returned by the bank NSF/ISF/Stop Payment will be, assessed a \$25 per occurrence fee. After two (2) NSF/ISF/Stop Payment occurrences all future payments must be made in the form of money order or cash only. In the event that the account is not brought current immediately after notification will be referred to Telecheck Services, Inc. for collection at the expense of the issuer of the check.
4. Parents are to ensure that their child is picked-up no later than 5:55 p.m. After 6:00 p.m. a cash fee of \$25 for the first 15 minutes is due at the time of pick-up in cash or check. Payment must be made at time of pick-up. After 6:15 p.m., every additional minute will incur a \$2.00 per minute charge. After the fifth late pick-up a warning will be issued, any subsequent late pick-ups will result in dismissal from the program. While we understand that situations arise we cannot make accommodations. Our LEAP staff members are also our teachers and have been at school all day. They need this time to spend time with their families and prepare lessons for the following day.
5. Parents must maintain with the L.E.A.P. Program accurate emergency contact information, up-to-date contact numbers and alternative pick-up representatives. Parents and/or authorized representative must sign-out his/her child each afternoon.
6. Parent will adhere to the following payment schedule: There is a one-time registration fee of \$30 per child.

Initial Payment:

Before Care:	\$181.16** per child
After Care:	\$284.51** per child
Before and After Care:	\$403.84** per child
Registration Fee (included in initial payment – no sibling discount):	\$ 30.00** per child

**These fees include payments for August, May, June and registration.

Monthly Payment (per child)

Before Care:	\$ 95.00 per month
After Care:	\$160.00 per month
Before & After Care:	\$235.00 per month

Full Payment Option also available – please see L.E.A.P. parent handbook

7. Siblings will receive a 10% discount after the first full-paid child. The third and subsequent child will receive a 15% discount off of the full-paid tuition amount. Discounts do not apply to registration fees. Sibling discounts do not apply to registration fees.
8. Students are not eligible to attend the after care program if they did not attend a full day of school on the scheduled LEAP day.
9. Students must adhere to all Student Codes of Excellence and the Colt Pledge. Parents will be notified in writing if a student is in violation of the Code of Excellence and/or the Colt Pledge. A student will be dismissed from the program after three written warnings.
10. Parents, once alerted to an emergency weather situation, please come and pick up your child early – the sooner all of your family is together the easier it will be to make your emergency plans and arrangements.
11. Parents have read the L.E.A.P. Parent and Student Handbook and agree that both themselves and their child accept and agree to the codes therein stated.
12. Specific guidelines are included in this handbook for withdrawal from the L.E.A.P. program and refund of advance payments. I agree to abide by these guidelines in order to be eligible for a refund.

I have read the Somerset Academy - Davie's Learning Educational Accelerated After School Program Parent and Student Handbook, including Parent Contract, uniform policy and Student Code of Excellence and agree to cooperate with all of the policies contained therein.

Name of Student: _____

Teacher: _____ Grade: _____ Homeroom Number: _____

(Signature of Parent/Guardian) (Date)

(Signature of Student) (Date)

(COMPLETE THE FRONT AND BACK OF THIS FORM AND RETURN IT TO THE OFFICE WITH THE FULL INITIAL PAYMENT NO LATER THAN August 13, 2010 – REGISTRATION IS ON A SPACE AVAILABLE BASIS ONLY)

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LEARNING ENRICHMENT AFTER-SCHOOL PROGRAM

Registration for: Before Care After Care Before & After Care

Participant's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ FL Zip: _____

Sex: Male Female (please circle one)

Race: White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native Other _____
(please circle one – information is for demographic use only)

Grade: _____ Teacher: _____ Siblings in Program: No Yes (# _____)

Mother's Name: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____ Cell #: _____

Father's Name: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____ Cell #: _____

Code Word: _____ Emergency Contact: _____ Doctor's Phone: _____

Doctor's Name: _____ Doctor's Address: _____

Insurance Company: _____ Insurance Policy #: _____

Medical Needs (Allergies)/Other Special Needs: _____

Additional Persons Authorized to Pick Up: (No more than 4 additional authorized pick-up persons are allowed at one time)

1. _____ Phone _____ 2. _____ Phone _____

3. _____ Phone _____ 4. _____ Phone _____

RELEASE In case of medical emergency, I hereby give permission to the physician selected by Somerset Academy - Davie to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I give my permission to the physician selected by Somerset Academy - Davie to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I understand my personal insurance bears responsibility in case of accident. Furthermore, I the undersigned, accept all risk incidental to Somerset Academy - Davie activities and do hereby release the Somerset Academy - Davie, its officers and its representatives from all liabilities deriving from pursuits of said activities by my child. It is further agreed that the Somerset Academy - Davie assumes no responsibility for loss or participant's personal property. I give my permission for my child to participate in activities, and field trips. I also give my permission to the Somerset Academy - Davie to use any pictures taken of my child for future promotion purposes. I agree to pay in full all fees prior to participation in L.E.A.P. pursuant to the following schedule in effect through June 8, 2011. In addition, I agree to pay upon representation of notice any late pick-up or NSF/ISF Bank charges pursuant to the Parent/Student Handbook.

	<u>Monthly Rate</u>
Before Care:	\$95.00
After Care:	\$160.00
Before & After Care:	\$235.00
Registration Fee:	\$30.00

Siblings will receive a 10% discount after the first full-paid child. Third and subsequent children will receive a 15% discount from the full-paid tuition amount. Discounts do not apply to registration fees.

Authorized Signature _____ Date _____