

River City Science Academy - Extended Day Program

PAYMENT SCHEDULE - 2019-2020

Tax ID Number 20-5773949

Please refer to your Extended Day Parent Packet for instructions for payments. Here are a few quick reminders of RCSA payment policies:

- ✓ Payment is due on the dates which are listed below.
- ✓ A late fee of \$25.00 is assessed if not received within (3) business days of the due date.
- ✓ It is your responsibility to know when payments are due.
- ✓ There will be a \$1.00 per minute late fee for any child not picked up after 6:00p.m. This will be due that day or by the next school day.
- ✓ Any balances after the 10th day will result in - *No after school activities and Field Trips along with the termination of Extended Day services immediately.*
- ✓ Receipt of this schedule is official notification of payment due.
- ✓ We are no longer able to issue year end statements. Please retain your receipts.
- ✓ Two discipline referrals will result in your child being suspended from Extended Day. On the third offense, your child will be dropped completely from Extended Day.
- ✓ If your child has any balance from the previous year, he/she cannot be enrolled into the Extended Day.
- ✓ RCSA does not have daily extended day program. However, if a child stays in extended day for any circumstances, the daily fee is \$15 per day, and due at that day or the next 3 school days. A late fee of \$25 will be assessed if not received within 3 business days.
- ✓ If your child is not picked up by 6:00 pm, the school will contact the authorities. (JSO)
- ✓ Second and Third sibling will be eligible for 50% discount.
- ✓ There is no charge for clubs or tutoring; however, these students must be picked up at 3:45.
- ✓ **If you are unable to pick up your child at 3:45 on the days they are attending club or tutoring, you must register for extended day or pay the daily rate.**
- ✓ **After School Care Program Fee is not REFUNDABLE.**
- ✓ **If you join the After-School Care Program in the middle of the section, fee will be prorated.**

I have read and understand River City Science Academy's Extended Day Policies.

(1) Student Name

Grade

(2) Student Name

Grade

(3) Student Name

Grade

Parent / Guardian Signature

Date

2019-2020 School Year

River City Science Academy School Extended Day Program - ENROLLMENT FORM

Before School Hours: 6:45 am - 7:35 am
After School Hours: 2:45 pm - 6:00 pm
Before School Fees: \$100 / Month & \$50 per sibling
After School Fees: \$150/ Month & \$75 per sibling
Before & After School Care: \$220

Office Use Only:

Approved Date:	Approval Officer Name:
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Application Date:	Enroll Date	WD Date	Re-Enroll Date
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EXTENDED DAY PROGRAM SELECTION: Please choose the program(s) your child will attend.

Before School ONLY <input type="checkbox"/>	After School ONLY <input type="checkbox"/>	Before & After School <input type="checkbox"/>
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Student Last, First and Middle Name: _____

Complete Address: _____ Zip _____

Home Phone# _____ Cell Phone# _____ Office Phone# _____

Date of Birth: _____ Sex: _____ Race: _____ Grade Level for 2019-2020: _____

Parent / Guardian Information

Student Lives With: ___ Both Parents ___ Mother ___ Father ___ Grandparents ___ Foster Parent

Mother Name: _____

Father Name: _____

Address (if different from above) _____ Zip _____

E-mail addresses: Mother: _____

Father: _____

Mother Information:

Place of Employment: _____

Office Phone# _____ Cell Phone# _____

Father Information:

Place of Employment: _____

Office Phone# _____ Cell Phone# _____

Parent permitted to remove child (circle all that apply): Father: Yes No Mother: Yes No

IF THE ANSWER TO EITHER IS NO, LEGAL DOCUMENTATION MUST BE ON FILE

Other persons permitted to remove my child from the Extended Day Program:

Name:	Relationship to Child:	Phone:

EMERGENCY CONTACTS

1) Name _____ Relationship _____

Home Phone# _____ Cell Phone# _____

2) Name _____ Relationship _____

Home Phone# _____ Cell Phone# _____

3) Name _____ Relationship _____

Home Phone# _____ Cell Phone# _____

All parents **MUST** complete, sign and return the information sheets along with the RCSA afterschool fee sheet.

Parent Signature Date

Witness Signature Date

River City Science Academy Consent for Emergency Treatment

Student Name: _____

Parent / Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone# _____ Cell Phone# _____

Office Phone# _____ ext. _____

Any known Allergies: _____

Any severe medical conditions the afterschool director / staff should be made aware of: _____

Notify in case of Emergency if you cannot be reached:

Name: _____

Home Phone# _____ Cell Phone# _____

Name: _____

Home Phone# _____ Cell Phone# _____

If possible, the school will get your child to the emergency facility you prefer; however the student's well-being may dictate a different facility. All information will be kept private.

The emergency facility you prefer: _____

Your insurance carrier: _____

Address of carrier: _____

Phone of carrier: _____ Policy Number _____

Please contact the school office or afterschool care director immediately if there is any change in the information given above.

Consent for Treatment

In case of accident or serious illness and the school is unable to reach me, I hereby authorize the school to contact the physician indicated and to follow the instructions. If it is possible to contact this physician the school may make whatever arrangements necessary to provide care and treatment for my child.

In case of an accident or serious illness where immediate treatment of my child is indicated but where he/she is unable to remain at the school, the school will contact me to arrange transportation for my child. If the school is unable to reach me, I authorize the school to contact one of the persons listed on the Extended Day Enrollment Form and request them to come to the school to transport my child home.

I authorize first aid and/or emergency medical treatment for the above-named student in event of injury or illness. I realize that I am responsible for payment of the emergency medical treatment.

I voluntarily agree to expressly assume all risks which may result from the health and fitness activities or in any way related to my child participation in the after-school extended day program.

Parent/ Guardian Signature: _____

Date Signed: _____/_____/_____

General Release of Liability

In consideration for participation in the River City Science Academy Extended Day Program, the undersigned and participant (including his or her family members, representatives) agree to discharge, waive, release and hold harmless River City Science Academy and all staff members (and their respective officers, directors, employees, volunteers) from any harm, injury, property damage, or liability that may befall participant during River City Science Academy Extended Day Program.

Parent / Guardian _____

Date _____

Witness _____

Date _____

Student Name _____ Grade _____
 Enrollment Date _____ Withdrawal Date _____ Letter Y/N _____

Sessions	2019-2020 Session Payment Period	Payment Due	Late Payment	Date of Payment	Chk # /Cash	Signature
1	August 12 - September 9	August 12, 2019	August 14, 2019			
2	September 10 - October 7	Sept. 10, 2019	Sept. 12, 2019			
3	October 8 - November 6	Oct. 8, 2019	Oct. 10, 2019			
4	November 7 - December 10	Nov. 7, 2019	Nov. 9, 2019			
5	December 11 - January 27	Dec. 11, 2019	Dec. 13, 2019			
6	January 28 - February 25	Jan. 28, 2020	Jan. 30, 2020			
7	February 26 - April 1	February 26, 2020	February 28, 2020			
8	April 2 - April 30	April 2, 2020	April 4, 2020			
9	May 1 - May 29	May 1, 2020	May 5, 2020			

CONTRACT OF AGREEMENT

I have read and understand RCSA Extended Day Payment Policy and I also understand that it is my responsibility as the parent/guardian to keep up with the payment schedule and to make payments on time. I also understand that I will lose my space in Extended Day if I incur an past due balance as well as the opportunity to attend school Sponsored events such as Field trips until the balance is paid.
