2017-2018 **Sarasota Academy of the Arts**

# 4466 Fruitville Road, Sarasota, Florida 34232

(941) 377-2278

BEFORE AND AFTER CARE

2017-2018

 Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_ (M/F) \_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Sec. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Entering \_\_\_\_\_\_\_\_\_\_\_\_

This contract is an agreement between Sarasota Academy of the Arts and the parent/guardian of the above named student for before and after care services beyond the regularly scheduled school day. There is a $25 registration fee that must be paid prior to the student/s first day of attendance along with this signed agreement and a completed automatic payment form using either ACH or a credit card. The rate for before and after care is $100 per month for the first child and $70 per month for siblings. This includes before and after care. Before care is 7 AM to 7:30 AM. After care is 4:30 PM to 6:00 PM. Additional fees will be charged for students not picked up by 6:00PM at a rate of $2 per minute. There will be an additional fee for special programs (music instruction, dance, coding, etc.)

Billings will be emailed at the beginning of each month from September 2017 through May 2018. Payments will be initiated the 10th of each month.

Please check the appropriate boxes below:

\_\_\_\_\_\_ We wish to pay monthly, beginning September 2017, and ending May 2018, on the 10th of each month at $100 per month ($70 for siblings).

Check all that apply:

My child will attend (#) days per week.

Please circle the days your child will attend. M T W Th F

 AM (7:00 – 7:30 AM)

 PM (4:30 – 6:00 PM)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or guardian of the above named student, agree to the conditions and regulations as set forth herein. I further agree to pay all bills as they become due. The parent or guardian, in signing this contract, agrees that the student is responsible for adhering to the rules of the school. I realize that in signing this contract I make a commitment to Sarasota Academy of the Arts to pay for before/after care with the payment method which I have selected. I understand any balance over 30 days overdue (including the previous year), must be paid or have a payment plan arranged or services will be discontinued.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian financially Signature of Parent of Guardian financially

responsible for student (Mother) responsible for student (Father)

SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*If the cost of this program is a financial hardship and financial assistance is needed, please contact Cecilia Blankenship, Principal, to arrange an alternate fee schedule at 941-377-2278.***