2026-2027 Sarasota Academy of the Arts Extended Care Application
582 McIntosh Rd. Sarasota, Fl 34232

STUDENT INFORMATION

Student Name:			Birth Date:
Address:			M/F:
Phone Number:			Grade Entering:

CONTRACT INFORMATION

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 **$25.00 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 $150.00 per month for the first child and $90.00 per month for siblings. Before Care only is $50.00 per month for the first child and $25.00 per month for siblings. After care only is $125.00 per month for the first child and $90.00 per month for siblings.** After care is 4:15 PM to 5:30 PM. Additional fees will be charges for students not picked up by the 5:30 PM at a rate of $10.00 for the first 15 minutes, then $1.00 added for every minute after.

Payment will be due the first day of each month from September through May. Payments will be considered late 5 days after and a charge of $25.00 will be added to the monthly fee. For those parents needing occasional care, the cost will be $12.50 per day, $9.00 per siblings. Payment for occasional care will be due upon pick up or the next school day.

PLEASE CHECK THE APPROPRIATE BOX BELOW:

AFTER CARE		We wish to pay Monthly, beginning August and ending May, and agree that billing will be processed $125.00 per month and $90.00 per sibling.
BEFORE CARE		
BOTH		Yes ☐ No ☐
OCCASIONAL CARE		
AM (7:00 – 8:15)		

PM (4:00 – 5:30) Number of Days of the Week – ***Please Circle to the Right*** **M T W TH F**

I,_____ , parent or guardian of the above named student, agree to the conditions and regulations 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(s) 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/occasional care with the payment method that 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

Signature Of Parent or Guardian financially responsible (Mother)		Signature Of Parent or Guardian financially responsible (Father)	
Email		Email	
Address Occupation Date		Address Occupation Date	

If the cost of this program is a financial hardship and financial assistance is needed, please contact Jodi Kopacz, Principal, at **jkopacz@sarasotaacademyofthearts.com *to arrange an alternative fee schedule*.