



M.I.T.C.H. Charter School
After School Enrichment Program Agreement 2011 – 2012 2nd trimester – New Students

Father's Name _____ Phone (home) _____ (work) _____ (cell) _____

Mother's Name _____ Phone (home) _____ (work) _____ (cell) _____

Address _____ City _____ Zip _____

Name(s) of children requiring care:

_____ Grade _____ _____ Grade _____

_____ Grade _____ _____ Grade _____

Class Registration

All classes will operate with the following schedule:

- 3:15 pm-3:45 pm Snack/Recess/Homework
- 3:45 pm-5:00 pm Class
- 5:00 pm-5:30 pm Homework/Recess/Check-out

Monday Classes:

Student Name (please write in below):

1st-4th Study Hall Mrs. Dotson _____

Games & Fitness Mrs. Maclean _____

Tuesday Classes:

Student Name (please write in below):

5th-8th Study Hall Mrs. Thornton _____

Dance Miss Willner _____

Legos, Games & HW Miss Fromme _____

Wednesday Classes:

Student Name (please write in below):

1st-4th Study Hall Mrs. Dotson _____

Games & Fitness Mrs. Maclean _____

Thursday Classes:

Student Name (please write in below):

5th-8th Study Hall Mrs. Thornton _____



Theater

Miss Willner

Tuition

Tuition cost is per term and is ***due at registration***. The after school program will coincide with the M.I.T.C.H. academic term. Classes require a minimum enrollment of 10 registered/paid participants. Tuition is based on hours of instruction and is discounted for students and families registering for multiple classes per week.

1	2 hour class/week	\$180/term (\$7.50/hour or \$15/class)
2	2 hour classes/week	\$324/term (10% discount applied; \$6.75/hour)
3	2 hour classes/week	\$432/term (20% discount applied; \$6/hour)
4	2 hour classes/week	\$504/term (30% discount applied; \$5.25/hour)

Monthly payments plans are available. A \$10 monthly fee will be applied to cover administrative costs. Payments are ***due by the 5th of each month***. Students with unpaid tuition will not be allowed to participate in their class until the account is current.

There are no refunds for school closures, holidays or classes missed due to a child's illness or other absence. We are also unable to accommodate exchange classes when a child has been absent. Refunds will not be offered for families who opt to drop a class once the term has commenced.

If your child is not picked up by 5:15 p.m. you will be charged a premium of \$5.00 per 5 minutes thereafter payable upon pick-up. Students who are repeatedly picked up past 5:15 pm will have their pro-rated tuition minus late charges or fees returned and will be terminated from the program.

Drop-in Students

Students who were not picked up at carline, but are not registered for the after school program will be sent to check-in with the after school program support staff in the gym. If they are still under the after school program's care at 3:45 pm when classes are dismissed these students will be sent to study until their parent's arrive. Parents will be charged \$5 per half hour. For example, if a child is picked up between 3:45 pm and 4:15 pm they will owe the after school program \$5 ***payable at pick-up***.



AGREEMENT

I, the undersigned, enroll the student(s) listed in M.I.T.C.H. Charter School After School Enrichment Program for the 2011-2012 school year. I have read the contract and agree to all terms and conditions. Furthermore, I agree to uphold the standards of the school. The student(s) listed will comply with the regulations. I also understand that failure to do so will result in termination of the child from the After School Enrichment Program.

Signed _____ Parent/Guardian

Accepted by _____, School Representative

Date _____

AFTER SCHOOL EMERGENCY CARD

Child's Last Name	First Name	Special Instructions/Allergies
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Child's Last Name	First Name	Special Instructions/Allergies
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Child's Last Name	First Name	Special Instructions/Allergies
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Child's Last Name	First Name	Special Instructions/Allergies
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Home Telephone	Work Telephone	Cell Telephone
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In addition to the parents, the following person(s) are permitted to pick up my child(ren):

Name	Address	Telephone
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Name	Address	Telephone
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ILLNESS OR ACCIDENT: In the event that the parents cannot be contacted and in the event of an apparently serious illness or accident, I wish one of the following to be notified by telephone. They are authorized to act in my absence and may release my child(ren) from the after school enrichment program. These persons are also listed on the emergency card in the school office.

Name	Address	Telephone
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Name	Address	Telephone
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The following person(s) **MAY NOT** pick up my child: (if applicable):

If one of the above cannot be reached, I wish my child to be taken to Emergency Yes No

I wish any one of the following Dr.'s to be notified:

Name	Telephone	Name	Telephone
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Number of classes per week/per family: _____

Tuition total (including monthly payment plan fee if applicable): _____

Total due: _____

- | | | |
|---|---------------------|--|
| 1 | 2 hour class/week | \$180/term (\$7.50/hour or \$15/class) |
| 2 | 2 hour classes/week | \$324/term (10% discount applied; \$6.75/hour) |
| 3 | 2 hour classes/week | \$432/term (20% discount applied; \$6/hour) |
| 4 | 2 hour classes/week | \$504/term (30% discount applied; \$5.25/hour) |