Redwood Coast Montessori

After School Care Contract 2021 – 2022

After school care is provided as an optional, fee-based service for students of RCM. If you would like your child to be enrolled in regular after-school care, you will need to complete the application form and submit a \$100.00 deposit - refundable at the end of the school year. Drop-in care is offered on a space-available basis.

Monthly invoices will be placed in your parent cubby at the end of each month. Invoices will reflect all after school care charges for the month and any other expenses incurred during the month. In order to avoid late fees, payments are due within 30 days from the date listed on the invoice. If payment is not received within 60 days from the date of billing, your child will not be allowed to participate in after-care until the balance is paid off in full.

Families wishing to use RCM's after school care must agree to support their child in following the behavior expectations of the program. Children who are not able to follow the behavior expectations, or who are otherwise not successful during after school care will not be allowed to continue to attend the program. Initialing here acknowledges that you have read and agree to the terms of this after school care contract:

Parent/Legal Guardian:	Ple			
-			()	()
First	Last		Home Phone	Cell/Work Phone
Address	City	State	Zip	e-mail address
Parent/Legal Guardian:				
			()	()
First	Last		Home Phone	Cell/Work Phone
Address	City	State	Zip	e-mail address
Child(ren) Attending A	fter School Care:			
1)				
2)				
3)				
Person responsible for p	payment:			
After School Care Hou	rs: M – F 2:30 – 5:30 (12	2:30 – 5:30 on m	inimum davs)	

Fees schedule: Students that do not qualify for free or reduced priced meals: \$5.00/hr.

Students that qualify for reduced priced meals: \$4.50/hr.

Students that qualify for free meals: \$4.00/hr.

The late pick-up fee is \$1.00 per minute, no exceptions. Our after school care workers have commitments and need to leave work on time.

EMERGENCY CONTACTS

(Please list at least 2 other than yourself) These are people to call who will be able to pick up your child if we
cannot reach you right away for such things as: your child becomes ill, injured, or is behaving in such a way
that he/she is unreasonably disrupting the afterschool care setting, or there is a school emergency. Listing them
here authorizes them to pick up your child.

here authorizes them to p	ick up your child.		_				
Name	phone (2:30 – 5:30 p.m.)	address	Relationship to child				
		ZED PICK-UP					
Only people listed below (or in emergency contacts) will be permitted to take your child from our program. Photo ID will be required of people unfamiliar to us. If you want to add more people later, you may.							
		1 1					
Name	Phone(s)	Address	Relationship to child				
List any food or environmental allergies and the severity of each:							
List any 100d of environmental anergies and the severity of eden.							
List any special information about your child that will be helpful to staff:							
In case of emergency, if you cannot be reached, what steps do you want taken?							
T1 1/1' 11	11	1 177 4 11	• т				
		terms and conditions contained her					
		I further agree to abide by any ar					
		derstand that this program is fee-ba					
		child will necessarily be excluded to					
	niid must comply with the be	chavior expectations in order to rem	iain enrolled in the				
program.	Ry gianina Lagra	a to the entire contract:					
	by signing, i agree	e to the entire contract:					
Print	Signa	ture	Date				