

PARENT AGREEMENT TO TERMS
Desert Marigold School
After School Activities Program 2018/2019
Grades 2-8

Contracted Daily Rate: 3:10-5:30 pm \$10.50
Wednesday early release 2:05-3:15 \$5 or 2:05-5:30 \$15.25
1/2 Days 12:40-3:15 \$11.50 or 12:40-5:30 \$21.75

This program will include after school homework assistance, arts/crafts, outdoor cooperative games, indoor board games, and gardening.

1. Your child must be regularly enrolled in the DMS charter school (Grades 2-8), or the dependant of a faculty/staff member who is at least 7 years of age.
2. A signed and completed contract must be on file in the school office reflecting actual days of participation. The contract can be changed to reflect a change in schedule. **Parents are liable for the fee stated on their contract until a new one is filled out, signed, dated and returned to the office or written cancellation of their contract is received. Cancellations and changes go into effect for the next billing statement.**
3. Parents will be billed on a monthly basis. Bills will reflect charges for the next month based on contracted days and school holidays. **No refunds will be given for unused days or early pick-up (we do not bill for school holidays).**
4. Bills will be generated and emailed after the 20th of each month. For customers without email access you may request a copy of your statement in the school office. Payment is due in the school office no later than the last day of the month to continue services for the next month.
5. Payment may be made by check, cash, Visa or MasterCard. Failure to pay by the first of the month will forfeit your child's spot. Reinstatement is based on availability after payment is received.
6. There will be a \$25.00 fee for returned checks. A returned check will be re-deposited and subject to an additional \$25.00 fee if it is returned the second time. After two incidents of a returned check, only certified funds will be accepted.
7. Children must be picked up by 5:30 pm. **If a child is picked up after the 5:30 closing time the parents will be a charged \$1 per minute late fee.** This fee will be added to the next bill. After three (3) late pick ups your child will be withdrawn from the program.
8. The Phoenix Police have advised DMS to call them and/or Child Protective Services in the event that parents or emergency contacts cannot be reached after the program closes.
9. Snack: A healthy snack will be provided to children at or about 3:45.
10. Parents must provide current emergency information in their child's file and must notify DMS of any changes in addresses, phone numbers, etc. Parents must also provide names of those people authorized to pick up their child. Anyone picking up your child may be asked to show photo identification before signing your child out.
11. **It is required that the person picking up your child each day be listed on your child's emergency card and legibly sign him/her out using at least their first initial and full last name on the sheet provided. It is also required that you fill in the current time when signing your child out.**
12. Parent or coordinator may request a conference to discuss a child's progress or behavior.

Drop-in Daily Rate: 3:10-5:30 pm \$13
Wednesday early release 2:05-3:15 \$6.25 or 2:05-5:30 \$18.75
1/2 Days 12:40-3:15 \$14 or 12:40-5:30 \$26.50

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Name of Child (**one per contract**) _____

Grade _____

Name of Parent/responsible party (print) _____

Email Address (please print clearly) _____

Phone number(s) home _____ work/cell _____

Start date: _____ End date (if known): _____

Please select the days of the week your child will participate:

	Monday	Tuesday	Wednesday	Thursday	Friday
3:10-5:30 pm \$10.50					
2:05-3:15 pm \$5.00					
2:05-5:30 pm \$15.25					

- My child will stay on ½ days (Nov 21, Dec 19 and May 31)
12:40-3:15 \$11.50
- My child will stay on ½ days (Nov 21, Dec 19 and May 31)
12:40-5:30 \$21.75

Payment options:

- I will submit payment in full by cash/check no later than the last day of each month, prior to the next month's services.
- Please bill my credit card listed below. Cards will be run on the 1st business day of the month.

Visa/MasterCard/Amex/Discover # _____ - _____ - _____ - _____

Expiration Date ____ / ____ cvv code _____

Name on card _____

Address _____ City/State/Zip _____

Cardholder's signature _____

I have read, reviewed and agree to the terms above and on page one. If any information I have provided changes, I will notify the DMS office immediately in writing.

Signature _____ **Date** _____