

**Desert Marigold School**  
**AfterCare Agreement 2019/2020**  
**Grades 2 through 8**

**Daily Rates:**  
**Contract \$10**  
**Drop-in \$15**



**Desert Marigold School**

This program includes homework assistance, arts and crafts, handwork, outdoor cooperative games, indoor board games, and gardening.

1. Child must be enrolled in the DMS charter program (K-12), or be the child of faculty/staff, and at least 7 years of age to receive care in this program.
2. A signed and completed contract reflecting actual days and hours of care must be maintained in the school office at all times.
3. Children must be picked up by 5:30.
4. If a child is picked up after the 5:30 closing time, a fee of \$1 per minute late will be added to the following month's invoice.
5. After the third late pick up, the child will be withdrawn from the program.
6. 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.
7. A healthy snack will be provided to children at approximately 3:30 PM daily.
8. Parents must provide current emergency information in their child's file and must notify DMS of any changes in addresses, phone numbers, etc. within 10 days of the change.
9. Parents must provide detailed identification information of those who are authorized to pick up their child. Pick up persons may be asked to show photo identification before signing the child out of the program.
10. Arizona State Department of Child Care Licensing requires a legible signature using at least a first initial and full last name alongside the current time to sign a child out of the program.
11. Parent or coordinator may request a conference to discuss a child's progress or behavior.
12. Invoices are emailed beginning on the first day of the month, reflecting charges for the current month based on contracted hours and school holidays. No refunds are issued for missed days.
13. Payment may be made via cash, check, credit card, or PayPal in the office or on the school website. Payment is due by the last day of the current month. Failure to pay by the last day of the current month will forfeit space in the program for the following month. Reinstatement in the program is based on availability after payment is received.
14. The returned check fee is \$25.00 per incident. A returned check will be re-deposited and is therefore subject to an additional \$25 fee if it is returned a second time. After two returned check incidents, only certified or electronic funds will be accepted.

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Name of Child \_\_\_\_\_ Grade \_\_\_\_\_  
 Name of Parent/responsible party \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Phone number(s) mobile \_\_\_\_\_ work \_\_\_\_\_ other \_\_\_\_\_  
 Start date: \_\_\_\_\_ End date (if known): \_\_\_\_\_

**Please check (√) the days your child will attend**

	Monday	Tuesday	Wednesday	Thursday	Friday
Contracts Gr 2-8 <b>3:30 -5:30</b> \$10/day					

*Payment options:*

- I will submit payment in full by cash/check/credit card 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 charged beginning on the 1<sup>st</sup> business day of the month.

Visa/MasterCard/Amex/Discover # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ cvv code \_\_\_\_\_

Name on card \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please initial and sign below.**

\_\_\_\_\_ **I have read, reviewed, and agree to the terms above and on page one.**

\_\_\_\_\_ **I will notify the DMS office in writing within 10 days of changes to any of the information I have provided.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_