



(707) 762-9020

TK /K
 AFTER SCHOOL PROGRAM AGREEMENT
 2023/24

Student Name: (one agreement per student) _____

Parents' Names: _____
 (If parents wish to have separate billing accounts, please indicate and fill out separate agreement)

Tk/K Teacher: _____

Part A. Schedule for After School Program

Please check the boxes that indicate your preferred schedule for the week. The total weekly charge is based on scheduled times and number of days chosen. You will receive confirmation about your chosen schedule.

		Monday	Tuesday	Wednesday	Thursday	Friday
Kindergarten	12:30 - 3 pm (\$20 per day)					
	3 - 5:15 pm (\$20 per day)					
Totals	Total per day					
	Total weekly amount (charged to your to your ACH debit or Credit Card on file) \$_____					

PART B. Consent for Participation

_____ Initials	There is a yearly fee of \$50 for each household. This is used to set up & maintain accounts and is non-refundable. This fee will appear on your first week's statement.
_____ Initials	I am aware that no refunds will be given for days not used because of illness. In addition, it is my responsibility to give 7 days notice for changing my child's weekly schedule in order to avoid paying for days unused.
_____ Initials	I acknowledge that no cash or checks are accepted. All billing is automated via SmartCare. I understand that billing and payments are processed weekly.
_____ Initials	Families who have 2 households fill out separate agreements and billing accounts.
_____ Initials	I understand that Live Oak Charter School's Discipline policy shall be in effect during After School Program hours. Behavior issues are reviewed on a per-case basis. Please inform Ms Lyn of any special circumstances for your child at the time of sign up.
_____ Initials	Emergency Medical information on file with the office at Live Oak Charter School will be kept on file for the Afterschool Program. All files are kept confidential.

PART C. Pickup Information

NOTE: Please pick children up promptly. Late fees are \$1 per minute past the scheduled time of pick up.

I give my permission for the following adults to pick up my child as necessary from ASP:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Parent/Guardian (Signature) _____ Date _____

Print Name _____ Best phone number _____

Email _____

Please return this form to: **Lyn Nielsen** at lyn.nielsen@liveoakcharter.org