

Kosasa Academy Multisensory Learning Center After School Student Agreement

Date: ____/____/____

Student Information

Student

First Name: _____ Last Name: _____

Current School: _____ Grade: _____

Allergies/Medications: _____

Parent/Guardian

First Name: _____ Last Name: _____

Phone: _____ mobile home work

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact

First Name: _____ Last Name: _____

Phone: _____

Additional Information:

Terms and Conditions

After School Care Program

Parents and Students agree to adhere to and follow all terms, conditions, rules, and regulations outlined in this document. Parent hereby acknowledges that he/she has read this document and reviewed it with his/her child(ren) and agrees to abide by the regulations therein contained.

Tuition and Invoice Schedule

- A one-time Registration Fee of \$30 per child due with the initial payment.
- Monthly After School Care Tuition is \$185 paid monthly. Tuition is figured for the entire year then divided into ten equal payments due: July 30th, August 31st, September 30th, October 31st, November 31st, December 31st, January 31st, February 28th, March 31st, and April 30th. School holidays are factored in to the total tuition.
- Tuition invoices will be sent on the 15th of the preceding month and are due on the last day of the month.
- An additional \$15 per hour will be charged for children who are receiving Homework Club support. Homework Club support is required for students when deemed necessary by the Kosasa Academy Director. All kindergarten and first grade students must pay for at least 1 hour of Homework Club support Monday through Thursday, weekly.
- Homework Club support is also needed on Friday, an additional \$15 per hour fee will be charged.
- After School Care is also available at a rate of \$20 per day. Please let KA Staff know in advance if your child will be attending on a generally unscheduled day.

Late Payments

Payments received after the last day of the month will be assessed as follows:

- first time late fee of \$10
- second time late fee of \$25
- third and subsequent late fee of \$50.

After School Care late fees must be paid upon receipt of notification. Children whose payment has not been received by the last day of the month will be removed from the program until the account balance is paid in full. This does not remove the obligation of payment.

Any payment that is returned by the bank NSF/ISF/Stop Payment will be assessed a \$25 service fee plus bank charges. After two (2) NSF/ISF/Stop Payment occurrences, all future payments must be made in a money order check or cash only. In the event that the account is not brought current

immediately after notification it will be referred for collection at the expense of the issuer of the check.

Pick Up

Regular pick-up from After School Care is by 5:30pm. Students staying later must pay an additional fee of \$25. Students still in the center at 6:00pm must pay a meal fee of \$6. All students must be picked up by 7:00pm.

Parents are to ensure that their child is picked up no later than 7:00 pm. After 7:00pm a fee of \$25 for the first 15 minutes is due at the time of pick up in cash or check. Payment must be made at the time of pick up. After 7:15pm, every additional minute will incur a \$2.00 per minute charge. After the fifth late pick up, a warning will be issued. Subsequent late pick-ups will result in dismissal from the program. While we understand that situations arise, we cannot make accommodations. Our After School Care staff members are also our teachers and have been at school all day. They need this time to spend with their families and prepare lessons for the following day.

Emergency Contacts

Parents must maintain accurate emergency contact information, up-to-date contact numbers and alternative pick-up representatives with the After School Care Program. Parents and/or authorized representative must sign-out his/her child each afternoon.

Automatic Payments

For your convenience, we offer automatic payment for After School Tuition and Fees. Please indicate below if you would like to be automatically billed monthly for after school charges. Kosasa Academy will automatically bill your card for the agreed upon charges.*

Please place my account on automatic payment.

** Should we have not received your payment by the invoice due date, and we have received a signed credit card authorization form, your card will be billed on the due date for the outstanding amount.*

Terms of Acceptance

I, the [applicant, requestor, etc.] for this form, warrant the truthfulness of the information provided in this application.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Electronic Signature

Parent Signature: _____ Date: _____

Parent Name (printed): _____

Kosasa Academy Multisensory Learning Center

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: MasterCard VISA Discover AMEX Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ Security CVC: _____

City: _____ State: _____ ZIP Code: _____

I, _____, authorize GAP Services, DBA Kosasa Academy to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

TERMS OF ACCEPTANCE and SIGNATURE

I, the [applicant, requestor, etc.] for this form, warrant the truthfulness of the information provided in this authorization form.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Electronic Signature

Customer Signature: _____ Date: _____

Kosasa Academy Multisensory Learning Center

Student Photo & Video Release

I hereby give permission to GAP Services LLC DBA Kosasa Academy and its director, employees, and subcontractors to take photos and videos of my child:

First Name: _____ Last Name: _____

These images may be used for:

- Kosasa Academy supervision & training
- Internal documentation
- Student projects
- Promotional material
- Internet Promotions

~~222~~ My child's name may also be included

TERMS OF ACCEPTANCE and SIGNATURE

I, the applicant, requestor, etc. for this form, warrant the truthfulness of the information provided in this release form.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Electronic Signature

Parent Signature: _____ Date: _____

Print Name: _____