

Coastal Waters Chartered Public School
Extended School Day Program
2023-2024 Contract

Child's Name: _____ Grade: _____

1. I agree to pay on time and in full for each week my child is registered. I understand that payment is due on **Thursday** for the following week of care.
2. I understand that since programming costs for staff and materials are the same regardless of my child's attendance, there is no return of fees paid if my child is absent.
3. I agree to pay overtime fees of \$10 for the first 15 minutes and \$1 per minute thereafter regardless of the reason for being late. I also understand that I may be asked to remove my child from the program if overtime is habitual.
4. I understand that there is a \$25 charge for all insufficient funds, and that checks are to be made payable to Friends of Coastal Waters Chartered Public School. I understand that it is my responsibility to keep statements, receipts, or canceled checks for income tax purposes. CWCP's Federal ID number is 86-3084377.
5. Transportation to and/or from the program will be the responsibility of a parent or other designated person.
6. I understand the normal operating hours for the afternoon program are from the ending of school until 5:30 p.m. When the school closes early due to weather or other conditions the program will be closed. The program will not run on days the school is not in operation for students, including holidays, teacher workshop days, school vacations, or early releases.
7. I understand that I may pick them up before 5:30 p.m., but that does not change the program cost.
8. I agree to follow all parking procedures when I pick up my child.
9. I understand that all forms required must be completed and on file before my child may attend. These include the registration form with payment agreement and this contract for services.
10. I understand that I need to give written permission allowing staff to release my child to any individual other than the parent/guardian below, or those persons listed in Alma.
11. I understand that the Staff cannot administer medication without a completed medical authorization form and medication in the original bottle with directions.
12. I understand that my child may be going outdoors, except in cases of extreme weather. I am responsible for making sure appropriate outerwear is supplied to my child.
13. I will notify Coastal Waters Chartered Public School of any changes on the Program Registration Form.

By signing below, you acknowledge that you have read and understand the policies and procedures of the Extended School Day Program:

Parent Signature

Date

Parent Name