

# ICS + After School Program Registration Form



## Days of Participation

Which days of the week will your child(ren) attend? (Check all that apply)

Monday     Tuesday     Wednesday     Thursday     Friday

Desired Start Date: \_\_\_\_\_

Reason for needing care (optional): (school, work, social, etc.): \_\_\_\_\_

## Student Information:

Student's Name: \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Primary Language(s) \_\_\_\_\_

## Parent/Guardian Information:

Mother/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell/Pager \_\_\_\_\_ E-mail \_\_\_\_\_

**Please circle the best way to contact above during after school hours.**

Mailing Address \_\_\_\_\_

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

Father/Other Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell/Pager \_\_\_\_\_ E-mail \_\_\_\_\_

**Please circle the best way to contact above during after school hours.**

Mailing Address \_\_\_\_\_

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

**ICS + Contract**

**Date and time of child care**

Your child’s first day (ICS begins classes on August 27<sup>th</sup>, 2008) at *ICS + After School Program* will be

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Care will be provided on the following days of the week (please fill in the time):

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Starting time	2:45 P.M.	2:45 P.M.	2:45 P.M.	2:45 P.M.	2:45 P.M.
Ending time					

**Tuition**

In order to maintain the quality of the *ICS + After School Program*, tuition is based on the total yearly cost. We break this down into weekly payments to make this easier for you. The weekly tuition is \$55.00 per week per child. In the event that you are receiving a child care subsidy from an outside agency (e.g. DHS, DCYF, your employer or other 3rd party) & you have a co-pay determined by that agency/agent the following applies, please let us know.

Your signature below shows that you agree to pay your weekly charge in advance of each week by Friday (or close of business on Monday). If payment is not made by Tuesday of the week of care, you will automatically be charged a late fee. This surcharge will be added to your balance.

The cost for picking your child up after your contracted time will be \$10.00 a day extra. At the time of your child’s enrollment and every September thereafter, you will be required to sign a new contract. Upon reentry, a new contract must be signed. A new contract is also signed whenever there is a change in days or hours.

Two weeks vacation/illness are allowed each year. If more than two weeks vacation or sick time is taken, you are responsible for paying for childcare during the extra weeks your child is absent.

Make all checks payable to International Charter School.

## Transportation

Transportation is NOT provided by the school. Parents/Guardians are responsible for picking their children up daily at the agreed upon end time. A charge of \$5.00 per half hour increment per child will be charged to parents who arrive late to pick up their children.

## Illness

Parents/Guardians are responsible for picking their child/ren up in the event your child becomes sick during the after school program.

## Signature

This contract is entered into between ICS and

\_\_\_\_\_ of \_\_\_\_\_  
Name of Parent or Guardian name of child

for the purposes of child care.

I understand and agree to the terms of this contract:

\_\_\_\_\_  
Signature of Parent or Guardian Date

Please return this form and a deposit for two weeks tuition (\$110.00) by August 20<sup>th</sup> to:

International Charter School  
334 Pleasant St.  
Pawtucket, RI 02860

ATTN: *ICS + After School Program*