

Legal Alert _____
Health Alert _____



REDDING SCHOOL of ARTS
WHERE EDUCATION AND THE ARTS CONNECT

After School Care **ADMISSION & ENROLLMENT AGREEMENT**

Purpose: After School Care Program is designed to provide activities, recreation, and care for children attending RSA. The program provides time for your child to eat a nutritious snack, play in both free and organized activities, start on homework, participate in outside interest activities and create art/craft projects in a safe, secure environment. This is a fee for service program.

**Hours of Afternoon Operation are:
Monday from 12:30 – 6:00 & Tuesday through Friday from 1:15 to 6:00.**

- Initial registration fee of \$45 is included with the first month bill that the student is registered or can be paid in two payments of \$25 and \$20 with prior arrangement.
- All fees are determined from 15th – 15th of each month. All fees are due on the 1st of each month. Fees are determined based on registration dates not on attendance. A \$25 late fee will be assessed if payment is not received by the 10th of the month. No refunds will be issued. There is a \$25 return check fee.
- Fees not paid within 20 days may result in termination of enrollment. If termination of enrollment occurs, the account will be turned over for collection. All collection, court, and attorney fees will be the responsibility of each parent/guardian signing this agreement.
- A minimum enrollment of three days per week is required. The exception to this is if you need Monday min days only. Students wanting to enroll for 1 day week for on-site after school class will be allowed only if space is available and paid at the scheduled daily rate below.
- A 30-day notice will be given for all rate and fee changes.
- After a 30-day probation period, all withdrawals require a two-week written notice or will be subject to a \$50.00 withdrawal fee.
- Snack is included in the monthly fees.
- Program closes at 6:00 p.m. A \$15.00 fee will be assessed at 6:01 p.m. A \$15.00 fee will be charged every 15 minutes thereafter.

RATES:
1:15- 2:15/ 3:00 pm.....\$6.00 daily
1:15 – 6:00 pm \$15.00 daily
2:15/3:00 – 6:00 pm..... \$12.00 daily
Minimum days only 12:30/1:00- 6:00 pm...\$15.00 daily

Redding School of the Arts: 955 Inspiration Place Redding CA 96003 Phone: (530) 247-6933 / FAX: 243-4318

For billing questions regarding After School Care call Jennifer Holien at: (530) 247-6933 or jholien@rsarts.org

Child's Name: _____ Age: _____ Birthdate: _____
Parent/Guardians: _____ E-mail: _____ Phone#: _____
Mailing Address: _____ City: _____ Zip Code: _____

SCHEDULE INFORMATION: (Please circle your child's needed time selection)

Your child's start time: **1:15 p.m.** **2:15 p.m.** **3:00 p.m.**
Days (3 minimum): **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**
Monday Min. Day only **12:30 p.m.** **1:00 p.m.**
My child will depart around _____ p.m.

ADMISSION AGREEMENT

We have read, understand, and agree to follow all current RSA policies and procedures and understand that my child can participate in After School Care as long as they attend RSA. Failure to follow these policies may result in termination of this contact and service.

I/we agree to be fully responsible for payment of all fees. A \$45 registration fee is required at time of registration.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Legal Alert _____

Health Alert _____

EMERGENCY PROCEDURE CARD – Confidential

Last Name: _____ First Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Father's Name: _____

Father's Work/Cell Phone: _____ Home Phone: _____

Mother's Name: _____

Mother's Work/Cell Phone: _____ Home Phone: _____

Guardian's Name: _____

Guardian's Work/Cell Phone: _____ Home Phone: _____

If I cannot be reached at the above phone numbers, you have my permission to call any of the following persons who are also authorized to pick up my child:

1. _____ Work Phone: _____ Cell Phone: _____

2. _____ Work Phone: _____ Cell Phone: _____

3. _____ Work Phone: _____ Cell Phone: _____

List any special medication or other health conditions which the after school provider should know about: _____

Allergies/medications: _____

In the event of a serious emergency and none of the above persons listed on this card can be contacted, I authorize school officials to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care treatment which is deemed advisable by, and rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the medicine practice act, whether such diagnosis or treatment is rendered at the physician's office or at a certified hospital. I hereby agree to bear all costs incurred as a result of the forgoing. I understand that the school does not assume responsibility for payment of a physician.

Father's Signature

Date

Mother's Signature

Date

LEGAL ALERT INFORMATION:

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE, OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO

_____ TO PROVIDE ALL EMERGENCY DENTAL OR
Facility Name

MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.), OSTEOPATH (D.O.), OR DENTIST
(D.D.S.) FOR _____ . THIS CARE MAY BE GIVEN UNDER

Student Name

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB, OR WELL BEING OF MY
DEPENDENT.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

PARENT/AGENCY REPRESENTATIVE/GUARDIAN SIGNATURE

DATE

HOME ADDRESS

HOME PHONE

CELL PHONE

WORK PHONE