

JEAP

ENROLLMENT AGREEMENT

1. **PURPOSE:** Please read this agreement carefully. This Enrollment agreement and its Attachments establish your legal rights and responsibilities and those of the John Eaton Afterschool Program, Inc. (“JEAP” or the “Program”) regarding your child’s participation in the Program.

2. **CHILD ENROLLED:** You, _____, hereby agree to enroll
(PARENT OR GUARDIAN NAME)

your child, _____ in JEAP, and the Program
(CHILD’S NAME)

agrees to accept your child’s enrollment in accordance with the terms and conditions stated below.

3. **ENROLLMENT:**

The JEAP Before School Program operates from 7:30 to 8:45 a.m. The Afterschool Program operates from 3:15 to 6:30 p.m. Please indicate the number of days your child will participate in the Before School and/or After School Programs by checking the appropriate boxes below. Also, circle the specific days of the week your child will attend each program. Please note families with more than one child enrolled in JEAP will receive a 10% discount on all fees for siblings.

BEFORE SCHOOL PROGRAM ENROLLMENT (check one box)

- 1 Day per Week – \$20/month
- 2 Days/week – \$35/month
- 3 Days/week – \$50/month
- 4 Days/week – \$65/month
- 5 Days/week – \$75/month

Circle the day(s) your child will attend the Before School Program:

Monday Tuesday Wednesday Thursday Friday

AFTERSCHOOL PROGRAM ENROLLMENT (check one box)

- 1 Day per Week – \$85/month
- 2 Days/week - \$155/ month
- 3 Days/week - \$190/month
- 4 Days/week - \$225/month
- 5 Days/week – \$250/month

Circle the day(s) your child will attend the Afterschool Program:

Monday Tuesday Wednesday Thursday Friday

4. **PAYMENT:**

REGISTRATION FEE: A non-refundable registration fee of \$15.00 is due upon a child’s pre-registration for the Program the first time. Returning students do not have to pay a registration fee.

TIMING AND METHODS OF PAYMENT: Monthly fees paid after the 15th of the month will be subject to a \$25.00 late fee. If you enroll your child in the Program after the first day of a month, you will pay on or before the first day your child attends the Program. A portion of the monthly fee will be pro-rated on a daily basis for the period remaining in the month. Payment may be made by check or money order. If any check is returned unpaid, you will owe a service charge of \$25.00 in addition to other amounts due. All payments for that month and the three (3) months thereafter must be made by money order. Payment may be mailed directly to the Program. Payment may also be placed in the JEAP lockbox in the Program area or in the JEAP mailbox located in the main school lobby. Any charges due to the Program (e.g., returned check fees) that remain unpaid will be due at the time of enrollment termination.

Initials

SUSPENSION AND TERMINATION FOR LATE PAYMENTS: JEAP may suspend or terminate your child's enrollment if monthly tuition payments have not been received by the 15th day of the month it is due. You may make a written appeal to the JEAP Board of Directors to challenge a suspension or termination. Only the Board can make a final decision on your child's enrollment.

Initials

LATE PICK-UP PENALTIES: If your child is picked up after the scheduled time, you will owe a late fee of \$5 for tardiness within 1- 15 minutes of closing time. After 15 minutes an additional fee will be assessed of \$1 per minute until the child is picked up. Late fees are payable immediately to a designated staff person on duty. If late fees are not paid, the child is ineligible to return to the Program until payment is made. Three (3) consecutive late pick-ups will result in a one-day suspension from the Program and a probationary period of one month during which no late pick-ups can occur. Three (3) late pick-ups in one month will result in a one-day suspension the next day. After being suspended, a family may be dismissed from the Program at the Board's discretion. Inclement weather can cause significant traffic congestion. Parents or Guardians are expected to be on time for pick-up regardless of weather conditions.

Initials

5. **PROGRAM SCHEDULE:** JEAP operates from the opening day of first day of school for District of Columbia Public Schools (DCPS) and follows the cancellation and/or closing policy of DCPS. When schools are closed due to inclement weather, the Program does not operate. When schools are opened late due to inclement weather, the Before School program will be canceled. In the event that DCPS requires the school building to be closed early for any reason, parents or guardians will be contacted and advised to arrange prompt pick-up. The Program will be closed on the following Holidays and DCPS closings:

Columbus Day	Martin Luther King, Jr. Day
Veteran's Day	Washington's Birthday
Thanksgiving Day	Spring Break **
Friday after Thanksgiving	Memorial Day
Winter Break **	

** Dates for Winter Break and Spring Break are designated by DCPS.

6. **WITHDRAWAL BY PARENT OR GUARDIAN:** One (1) month written notice is required before withdrawing your child from the Program. You are responsible for making payment for the remainder of the time for which you have contracted.

Initials

7. **TERMINATION BY THE PROGRAM:** The Program may terminate your child's enrollment immediately for any of the following reasons:

- a. In the judgment of the JEAP Board of Directors, the child's behavior threatens the physical or mental well-being of other children in the Program.
- b. Tuition fees are not paid by the end of the month that they are due.
- c. The family has more than two suspensions for tardiness.
- d. A child is ill when brought to the Program more than three (3) times in any 30-day period, or the Parent or Guardian fails to pick-up promptly a sick child more than three (3) times within any 30-day period.
- e. There is a failure to abide by the terms of this Enrollment Agreement and Parent Handbook.

8. **PUBLICITY**: Do you grant permission for your child to be photographed or interviewed for news articles and other publications? Yes _____ or No _____.

If you fail to mark these spaces, JEAP will presume you intend to grant permission.

9. **CERTIFICATION THAT ALL INFORMATION IS CORRECT**: The following Attachments are a part of this Agreement. You certify that you have accurately completed all of the forms listed below and that you have read and agree to abide by all of the provisions outlined in the Parent Handbook. You agree to notify the Program if there is any change to the information you have supplied on the forms listed below.

- Child Release Authorization Form
- Medical Form (must be notarized)
- Parent Contact Form

10. **SEVERABILITY**: If any provision of this Enrollment Agreement is declared invalid or unenforceable, it will be severed. All other terms will remain effective will be construed as though the invalid term did not exist.

11. **WAIVER**: If the Program fails to comply with any term of this Agreement, the Program will not be deemed to have waived its rights to demand compliance and the Program may later require that you comply with such terms after notifying you that it will require compliance.

SIGNATURES:

Mother or Legal Guardian: _____ Date: _____

Father or Legal Guardian: _____ Date: _____

JEAP

CHILD RELEASE AUTHORIZATION FORM

Child's Name: _____ **DOB:** _____

The John Eaton Afterschool Program is authorized to release my child to the individuals listed below. I understand that each authorized person must be at least 16 years old and that my child will not be permitted to leave the Program with anyone not listed below.

Signature:

_____ **Date:** _____

Parent/Guardian

AUTHORIZED PERSONS – (INCLUDING YOURSELF)

Name: _____ Relationship to Child: _____

Address: _____ City/State/Zip: _____

Home No.: _____ Work No.: _____ Cell No: _____

Name: _____ Relationship to Child: _____

Address: _____ City/State/Zip: _____

Home No.: _____ Work No.: _____ Cell No: _____

Name: _____ Relationship to Child: _____

Address: _____ City/State/Zip: _____

Home No.: _____ Work No.: _____ Cell No: _____

Name: _____ Relationship to Child: _____

Address: _____ City/State/Zip: _____

Home No.: _____ Work No.: _____ Cell No: _____

Name: _____ Relationship to Child: _____

Address: _____ City/State/Zip: _____

Home No.: _____ Work No.: _____ Cell No: _____

Name: _____ Relationship to Child: _____

Address: _____ City/State/Zip: _____

Home No.: _____ Work No.: _____ Cell No: _____

JEAP

MEDICAL FORM

Child's Name: _____ **DOB:** _____

Known Allergies: (Medicine, Food, etc.) _____

Medications Taken by Child: _____

Physician Name: _____ Physician Telephone #: _____

Health Insurance Co.: _____ Policy No.: _____

ID No.: _____ Date of Last Tetanus: _____

Please describe all physical conditions or illnesses which could affect the child's participation in the Program (asthma, diabetes, poor blood clotting, etc.) _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event I cannot be reached, I _____, hereby authorize the John Eaton Afterschool Program staff to arrange emergency medical transport for my child to the emergency room. I understand that my child will be transported to a hospital designated by the emergency transport vehicle team. I grant my consent for treatment which a health professional deems necessary, including anesthesia. I agree to accept financial responsibility for all medical expenses incurred.

SIGNATURE:

(Parent or Legal Guardian)

Date

NOTARY SEAL

THE FOREGOING CONSENT WAS ACKNOWLEDGED

BEFORE ME THIS _____ DAY OF _____ YEAR _____

NOTARY PUBLIC

MY COMMISSION EXPIRES

JEAP

PARENT CONTACT FORM

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

PARENT OR LEGAL GUARDIAN INFORMATION

Mother's Name: _____

Address: _____

Employer: _____ Employer Address: _____

Work Hours: _____

Contact Information (fill in each blank and check the box for the way you prefer to be contacted)

Email: _____ (email address)

Text Message: _____ (mobile number)

Mobile Phone: _____ (mobile number)

Work Phone: _____ (office number)

Home Phone: _____ (home number)

Father's Name: _____

Address: _____

Employer: _____ Employer Address: _____

Work Hours: _____

Contact Information (fill in each blank and check the box for the way you prefer to be contacted)

Email: _____ (email address)

Text Message: _____ (mobile number)

Mobile Phone: _____ (mobile number)

Work Phone: _____ (office number)

Home Phone: _____ (home number)

Are the Parents/Guardians Separated or Divorced? Yes _____ No _____ Date _____