



SPRING VALLEY ACADEMY

Aftercare Program PARENTAL AGREEMENT

Parent Name(s): _____

Student Name(s): _____

I/We agree and understand that if my/our child in Grade K-5 remains in school after 3:10 pm, they will be placed in the Aftercare Program and their account will be charged at the rate of \$5.00 per half hour or fraction thereof unless one of the following "contract" rates have been established in advance.

★ It is understood the monthly contract covers my child each day school is in session. If my child attends the Aftercare Program for any portion of a month, the full month's charge will be made. Should I wish to withdraw my child from this contractual agreement, I will notify the Program Director and the Business Office prior to the beginning of a new month.

★ I will arrange for my child to be picked up each day by closing time (6p Monday - Thursday and 5p on Friday). I understand if my child remains after these closing times, the fee will be \$5.00 every ten (10) minutes or portion thereof.

★ I agree the monthly charge is applicable even if my child is absent during the billing period or picked up prior to the scheduled closing time.

★ I agree to the annual/monthly charge (billed monthly for nine (9) months September – May), checked below:

_____ \$1,260/\$140 per month Grades K-5 (3p – 6p/5p)

_____ \$100.00/ (25) 1/2 hour increments Flex Plan Grades K-5 (3p – 6p/5p)

Parent(s) Signature

Date