



**AFTER-SCHOOL PROGRAM
REGISTRATION FORM FOR SY 2022-2023**

Student Name (Last, First and MI): _____

Grade Level: _____

Primary Parent Information:

Name (Last, First): _____

Relation to Student: _____

Mobile Number: _____

Home Number: _____

Work Number: _____

Secondary Parent Information:

Name (Last, First): _____

Relation to Student: _____

Mobile Number: _____

Home Number: _____

Work Number: _____

Other Authorized Pick-up / Emergency Contacts:

Name (Last, First)	Relation to Student	Mobile Number



AFTER-SCHOOL PROGRAM LIABILITY AGREEMENT

SiFA Learning Academy Charter School After-School Program hours are from 3:30pm-5:30pm. Please read the following and initial to acknowledge:

- 3:30pm-4:30pm Enrichment program _____ (initial)
- 4:30pm-5:30pm Activity time (varies by teacher) _____ (initial)
- 5:30pm Campus closes and parents of remaining students are called _____ (initial)
- **Faculty and staff are not authorized to be on overtime duty, please ensure that your child is picked up promptly** _____ (initial)
- All late pick-ups will be addressed and documented _____ (initial)
- All late pick-ups will incur additional fees (breakdown below) _____ (initial)
- Continued late pick-up will result in dismissal from the program _____ (initial)

Program fees for the After-School Program is **\$125.00 per quarter**. Late pick-ups will incur \$10 per every 5 minutes (0-5 minutes = \$10, 6-10 minutes = \$20, 11-15 minutes = \$30, etc). Form and payment are submitted to the Main Office prior to the students' first day of the program. **Amount cannot be prorated or refunded** (cash only please).

- 1st Quarter Payment _____ (initial)
- 2nd Quarter Payment _____ (initial)
- 3rd Quarter Payment _____ (initial)
- 4th Quarter Payment _____ (initial)

I have read and understand the rules and regulations above. My signature below indicates consent to these agreements.

X

Parent or Guardian Print Name and Signature

Date

OFFICE USE ONLY

Amount Received: _____

Date Received: _____

Receipt Number: _____

Initial: _____