



BEFORE AND AFTER SCHOOL PROGRAM 2022-2023

I agree that when using the Before and Aftercare Contract Program, the fee is fixed regardless of the number of days my child(ren) actually use(s) the service during the week. TADS will collect and monitor all payments. TADS will administer all late fees as well as ISF fees for bounced checks. All accounts will be paid on a monthly basis from September to May.

****Snack will be provided by the parent/child. No snack is provided by the program. Snack is done immediately upon arriving.**

The contracted plan is a flat rate program, which means that the fee is independent of the number of school days in the month. Since absenteeism, emergency days, and snow days are unplanned and unpredictable, the weekly fee will not be adjusted. I also understand that the Registration Fee is Non Refundable.

The contracted plan must be used on consistent days of the week. For example, a family signed up for two days a week must use the same two days (i.e. Monday and Wednesday) every week. Families who will not be using care on consistent days must pay the drop-in fee daily or pay the contracted rate for all days used.

I agree that if my account becomes one month delinquent, or if I do not meet the Program's financial requirements, that my child(ren) will be denied further use of the Program and will not be allowed to return until the account is brought current. If the child(ren) are removed, I will be responsible for full payment of the account including any late fees.

I agree that in the event of continuing behavioral problems that my child(ren) may be removed from the Program and not allowed to return. If removed, I understand I will be responsible for full payment of the account. The decision to remove any child(ren) will be decided by the Director of the Program along with the Principal.

I also understand that if school is canceled due to inclement weather, there will be no Program. On delayed opening days, the Program will follow the directives of Prince George's County Schools. The delays will be as follows: One (1) hour delay – the Before Care Program will open at 7:30 AM. Two (2) hour delay – the Before Care Program will open at 8:30 AM. In the event the delayed status changes to school being closed or an unscheduled early closing is announced, I agree that I am responsible for returning to school promptly for my child (ren) or make other pick-up arrangements for him/her as soon as possible.

I agree that the provisions of this contract are in effect until a modification of this contract is put in writing with notification to the Director of this Program as well as the Development Office via email.

I agree to keep the Before and Aftercare Director and Principal aware of any medical problems or issues

related to my child(ren) health. A written order from a Physician or Dentist must accompany ALL medication to be administered including "over the counter drugs." Proper Medical forms can be obtained from the school office. The form must be dated and medication must be identified, in the original prescription container, along with the proper dosage, time of day to be given, anticipated duration of treatment and side effects. A record of all medications dispensed during the Before and Aftercare Program will be kept on file. All medications will be under the control of the Director of the Program and Principal and kept locked at all times. I also agree that if my child (ren) becomes ill or needs medical assistance that a designated person or I will promptly pick-up my child (ren) for the necessary medical care. In the event of a life threatening medical emergency, I authorize the Before and Aftercare staff to seek whatever necessary medical care that they deem is required for my child (ren's) well-being and that I assume full liability for the medical care provided.

The late fee for pick-up after the contracted end time will be \$1.50 per minute, per child. Consistent late pick-ups may result in removal from the program.

I can opt to withdraw my child's enrollment in the program at the end of any calendar month with at least one week notice. Monthly payments will not be prorated due to early withdrawal from the program.

I have carefully read this Contract, understand, and agree to my obligations under this Contract. I agree that I will meet all my financial obligations as detailed in this contract.

_____ Parent Name Parent Signature