

HASSAYAMPA ELEMENTARY
KINDERGARTEN AFTER-SCHOOL CARE

251 SOUTH TEGNER STREET
WICKENBURG, AZ 85390
(928) 684-6750 • (928) 684-6791 FAX
www.wickenburgschools.org/HES

FEE AGREEMENT

This form must be completed and submitted with the registration form.
I hereby agree to accept full responsibility for payment of all registration and miscellaneous fees required for my child to attend Hassayampa Kindergarten After-School Care.

AFTER-SCHOOL CARE FOR KINDERGARTENERS – Child must be a currently enrolled kindergartener at Hassayampa Elementary School.

Student's Full Name

Teacher's Name

_____ **\$10 – One-time Registration Fee**

_____ **\$40 per week - 4 days a week - Monday –Thursday, 3:15 p.m. - 4:45 p.m.**

ALL PAYMENTS ARE DUE ON THE FIRST OF THE MONTH.
ALL PROGRAMS FOLLOW THE REGULAR SCHOOL CALENDAR.
NO SERVICES ARE AVAILABLE DURING SCHOOL HOLIDAYS.

Checks payable to **Wickenburg Unified School District #9.**

Parent/Guardian Signature: _____ Date: _____

HASSAYAMPA KINDERGARTEN AFTER SCHOOL CARE



Please initial below:

_____ Tuition is due on the first of each month.

_____ I understand that the entire contracted fee is due every month and that it is based upon days my child is enrolled. No credits or refunds will be given for illness or absence. All holidays and breaks are factored into cost and months will not be prorated.

_____ I understand that a late fee may be assessed if the payment is made past the due date.

_____ I understand that a late pick-up fee will be assessed at the rate of \$15.00 for every fifteen minutes past the scheduled ending of the day. (1-15 minutes-\$15.00, 16-30 minutes-\$30.00, etc.)

1st time: Written warning

2nd time: Fee plus written warning

3rd time: Removal from Program

_____ Withdrawal/change policy: It is the Hassayampa Policy that prior notice is required to terminate or change your enrollment in the program. If for any reason you decide to change or drop your child's enrollment from the program, notification must be made 2 weeks in advance to the Program Director for you to be released from your current contract.

_____ I understand that it is **MY** responsibility to notify my child's teacher of my child's after school schedule.

Participant's Name: _____ Enrollment Date: _____

Parent/Guardian Signature: _____ Date: _____

I understand I am responsible for notifying the school of any changes to my child's after school pick up plan. The following people have my permission to pick up my child from the after school program:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

The following information is required by Wickenburg Unified School District and Maricopa County Attorney Check Enforcement Program to enhance their ability to collect and/or prosecute bad check writers.

Parent's name: _____ Driver's License # _____

Address _____ Expiration Date _____

For school office:

I verify that the driver's license information on this form has been verified.

School Staff Signature: _____ Date: _____