SIDE BY SIDE
CHARTER SCHOOL

Family Resource Center's Extended Day Program's Enrollment and Financial Agreement

One Enrollment Form per Child

Child's Name _____ Grade _____ Date of Birth_____

Parent Name_____ Address _____

Please check in the box the days on which your child will participate.

Grades	Monday	Tuesday	Wednesday	Thursday	Friday
PK 3/4's K, 1 & 2					
3rd & Up					

Fill out your daily rate based on the Rate Schedule listed. Two consecutive copies of pay stubs of all adults in the family or a copy of last year's tax return must be submitted for reduced rate fees.

Daily rate per child from schedule below $_____

Rate Schedule

Family Size	Annual Income	Annual Income	Annual Income
2	<$27,843	<$44,427	>$44,428
3	34,395	55,031	55,032
4	40,946	65,513	65,514
5	47,496	75,995	75,996
6	54,048	86,477	86,478
Rate	**$7.00/day**	**$10.00/day**	**$12.00/day**

Office Use:

Date Enrolled _____

Enclose the first month's payment.
Forms of Payment Accepted: checks payable to Side by Side Charter School, cash, money orders and MasterCard/Visa

All outstanding balances must be paid prior to your child(ren)'s enrollment. If payments are late or not made, your child may not be able to participate in the program. Report cards and student records will be withheld until all outstanding balances are paid. Please see Late Payment section.

What date will your child start the program? _____
I will pick up my child myself by 5:30 pm or my child will be picked up by (name) _____.
I understand late fees will be incurred after a five-minute grace period. Please see the Family Resource Center packet for more details. If there is a change in the person picking up my child, I must notify the school in writing, via email or by telephone in advance. (For emergencies, please call the school with the name of the person picking up your child. They will be asked to provide a photo I.D. as proof of identification.)

In case of emergency, I can be reached at (telephone) _____. If I cannot be reached, please contact (name & telephone) _____.

I, _____ on this _____, have read and understand the
(Name) (Date)
conditions of the Extended Day Program and agree to pay my Extended Day tuition in full by the first business day of each month.

Parent/Guardian Signature: _____

SIDE BY SIDE
CHARTER SCHOOL

EARLY ROOM AND/OR EXTENDED DAY EMERGENCY INFORMATION

Student's Name_____

Grade_____

Date of Birth_____

Child's Doctor_____Telephone_____

My child's immunizations are up to date: Yes_____ No _____

Please list all known allergies (including foods and medications):_____

_____

Please list all medications your child is presently taking for the above medical conditions:

_____

Please list any appliances such as braces, palate expanders, etc.:

_____

In the event of an emergency, I can be reached at tel. #_____

cell #_____, or contact _____at

home tel. #_____ or cell # _____

_____ _____

Parent/Guardian Signature Date

SIDE BY SIDE
CHARTER SCHOOL

Family Resource Center's Early Room Program Enrollment and Financial Agreement

<u>One Enrollment Form Per Child</u>

Child's Name _____ Grade _____ Date of Birth_____

Parent Name_____ Address _____

Enclose payment in full for 5 or 20 days of coupons.

Forms of Payment Accepted: checks payable to Side by Side Charter School, cash, money orders and MasterCard/Visa

All outstanding balances must be paid prior to your child(ren)'s enrollment. If payments are late or not made, your child may not be able to participate in the program. Report cards and student records will be withheld until all outstanding balances are paid. Please see Late Payment section.

Fill out your daily rate based on the Rate Schedule listed. <u>Two consecutive copies of pay stubs of all adults in the family or a copy of last year's tax return must be submitted for reduced rate fees.</u>

Daily rate per child from schedule below $_____

Rate Schedule

Family Size	Annual Income	Annual Income	Annual Income
2	<$27,843	<$44,427	>$44,428
3	34,395	55,031	55,032
4	40,946	65,513	65,514
5	47,496	75,995	75,996
6	54,048	86,477	86,478
Daily Rate	***$2.00***	***$5.00***	***$7.00***

In case of an emergency, I can be reached at (telephone) _____.

If I cannot be reached, please contact (name & telephone)

_____.

I, _____ on this_____ have read and
(Name) (Date)
understand the conditions of the Early Room Program and agree to pay for Early Room (5 or 20 day) coupons in full as noted in this Family Resource Center Handbook.

_____
parent's signature