



**LARGO COMMUNITY MINISTRIES
AFTER SCHOOL PROGRAM**

Child Care Agreement

This agreement is made and entered into this _____ day of _____ (month) 20__ by and between Largo Community Ministries After School Program (LCM ASP) and:

Mother's/Guardian Name: _____
Last First Middle

Phone #'s: (Home) _____ (Work): _____ (Celluar): _____

Email Address: _____

Father's/Guardian Name: _____
Last First Middle

Phone #'s: (Home) _____ (Work): _____ (Celluar): _____

Email Address: _____

Address: _____
Street and/or Apartment #

City State Zip Code

Child(ren): _____
Last First Middle

Last First Middle

Last First Middle



LARGO COMMUNITY MINISTRIES AFTER SCHOOL PROGRAM

Terms Of Agreement:

1. The **Largo Community Ministries After School Program (LCM ASP)** agrees to provide services to the above named child(ren) from date of enrollment to date of withdrawal from the program or the official end of the current public school calendar year.
2. **Bi-Weekly Tuition Payments:** I agree to pay **LCM ASP Bi-Weekly Tuition Payment of \$200.00 (per child)** in the form of PayPal, money order or cashier's check (**No Cash**) according to the distributed LCM ASP Tuition Payment Schedule until such time as my child(ren) withdraws from the program. I agree to pay said tuition/fees even if my child is absent from the program the day payment is due or if my child is suspended from the program. I understand there is no grace period for tuition payments.
3. **Department of Social Services Child Care Vouchers:** LCM ASP accepts valid child care vouchers from the Department of Social Services (DSS). I agree to pay the LCM ASP registration fee and the assigned DSS parent co-payment fee according to the issued child care voucher(s). If the child care voucher expires, I agree to pay the LCM ASP Bi-Weekly Tuition Payments as stated above.
4. **Late Payment Fees:** I agree to pay a **\$25.00 late payment fee** for all tuition payments not received by 6:05 pm on or before the scheduled payment due date. In addition, my child(ren) will not be able to attend the LCM ASP until my account is current. I understand that if I become two tuition payments behind, I will be dismissed from the program.
5. **Late Pick-Up Fees:** I agree to pick-up my child(ren) from the LCM ASP by 6:00pm. I understand the program's daily services terminate at 6:00pm and a **late pick-up fee of \$25.00 per child will begin at 6:05 pm.** The program only allows three late pick-ups...a fourth late pick-up may result in dismissal from the program.
6. **Last / Final Payment:** I agree to make my final tuition payment and fees due the LCM ASP in the form of a money order or cashier's check only (**No Cash Please**). This also applies if my child(ren) is withdrawn or terminated from the program before the school year ends.
7. **Student Termination From Program:** I understand the LCM ASP reserves the right to terminate students from the program for behaviors or practices that are in conflict with the safety, security and goals of the students and staff in the program. In addition, students can be terminated from the LCM ASP for financial negligence (unpaid tuition payments or late payment and late pick-up fees).
8. **Student Withdrawal Agreement:** I agree to notify the program director in writing two weeks prior to the date I intend to withdraw my child(ren) from the LCM ASP. Otherwise, I understand I must pay the tuition that is due for my child(ren).

I hereby register my child(ren), named above, in the **Largo Community Ministries After School Program (LCM ASP)** for the 20__ - 20__ school year. In addition, I certify that we will abide by the regulations and requirements established by the **Largo Community Ministries After School Program (LCM ASP).**

(Parent/Guardian Signature) _____ (DATE)

Does your child require special education services? Yes _____ No _____

The Largo Community Ministries After School Program (LCM ASP) welcomes all children. However, please be aware that we do not have personnel trained to work with children with disabilities, and we may not be able to provide certain accommodations required by a disabled child. If you answered "Yes", is it at all possible a copy of your child's IEP form would be helpful in accommodating your child(ren). If your child has a disability requiring an accommodation, please discuss your child's needs with the Director of the program. We will work with you to accommodate your child, but all costs associated with an accommodation will be the responsibility of the parent.