

2018-2019 AFTER SCHOOL CARE (ASC) ENROLLMENT FORM

Complete this form at the bottom to enroll your child(ren) in the ASC program for the 2018-2019 school year.

PROGRAM EXPLANATION

After School Care ("ASC") provides care for KCS students (Preschool to Grade 8) from 3:00 – 5:30 pm. Monthly rates also include most "Fun Friday" activities. For Afterschool Care pick-up, a grace period will be given from 5:30 – 5:35 pm. After 5:35 pm, a charge of \$5 per 5-minute interval, or portion thereof, will be assessed.

ENROLLMENT AND REENROLLMENT

- When you enroll or reenroll in Monthly ASC, you will be placed on the billing system for the school year or remainder thereof, unless an "ASC Cancellation Form" is submitted. (Contact the office for an "ASC Cancellation Form.")
- To avoid a late fee, the ASC Enrollment Form and payment must be received by the KCS Office by 4 pm on the 20th of the month prior to enrolling or reenrolling in Monthly ASC.
- If enrollment or reenrollment occurs after the 20th but before the last business day of the month before starting ASC, a \$20 late fee (per child) will be added to the monthly rate for the first month.

MONTHLY PAYMENT SCHEDULE

Once enrolled, the KCS Finance department will bill you according to the following schedule.

August	\$140 due July 20, 2018	January	\$140 due December 20, 2018
September	\$140 due August 20, 2018	February	\$140 due January 20, 2019
October	\$140 due September 20, 2018	March	\$140 due February 20, 2019
November	\$140 due October 20, 2018	April	\$140 due March 20, 2019
December	\$140 due November 20, 2018	May	\$140 due April 20, 2019

- If payment is not received by 4 pm on the due date listed above, a late fee of \$20 (per child) is assessed. The monthly rate and \$20 late fee must be paid in full by the last business day of the month in order for the student to continue in Monthly ASC.
- If the monthly rate and \$20 late fee are not paid in full by the last business day of the month, the student will be removed from Monthly ASC. If the student has a need for ASC for the following month, it will be available on an Occasional Care (\$17/afternoon/child) basis only. If Monthly ASC is desired in the future, reenrollment with payment is required.
- **Payments should be mailed or hand-delivered to the KCS Office by an adult. Please do not send payments via your child's folder or backpack.**

CANCELLATIONS

- An "ASC Cancellation Form" should be submitted (by email, mail, or hand-delivered) to the KCS Office by the 20th of the month prior. Once submitted, the student is cancelled from Monthly ASC.

OCCASIONAL CARE PROCEDURES

Once a student begins a month on Occasional Care ("OC"), he/she cannot be switched to Monthly ASC for that month.

- Students not signed up for Monthly ASC may stay for Occasional Care. The Occasional Care rate is \$17/child/afternoon.
- Please notify your child's teacher if he/she will be staying for Occasional Care on a particular day.
- You will be billed for the number of days your child(ren) attended OC for a particular month.
- Late fees will apply if your payment is not received by the KCS Office by 4 pm on the due date indicated on the invoice. **Payments should be mailed or hand-delivered to the KCS Office by an adult. Please do not send payments via your child's folder or backpack.**

Afterschool Care Enrollment

Please enroll the following student(s) in the Afterschool Care program for the 2018-2019 school year:

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Method of payment: invoice me **OR** add to my FACTS payment plan (for semester or monthly tuition plan families only)

I (we) have read the above terms of Afterschool Care Enrollment and understand I (we) are financially responsible for Afterschool Care fees:

Parent signature(s)

Date

Monthly ASC Payment Worksheet

Please submit the following amount below with this form. Signature required on the reverse side.

Student 1: Monthly ASC beginning _____	\$ _____
Student 2: Monthly ASC beginning _____	\$ _____
Student 3: Monthly ASC beginning _____	\$ _____
Late fee(s): \$20 per child _____	\$ _____
Student 1: Monthly ASC billing catch up for the month of _____	\$ _____
Student 2: Monthly ASC billing catch up for the month of _____	\$ _____
Student 3: Monthly ASC billing catch up for the month of _____	\$ _____
Total Amount Due	\$ _____

NOTE: You will enter the ASC billing system beginning _____ 3rd, 20____ starting with ASC charges for the month of _____.

For Office Use Only

Received: _____

Initials: _____

Method: _____

Amount Rec'd: _____

Route to

Finance _____

Action Items

Database Homeroom Teacher (email) Study Hall Staff (email) ASC Attendance Sheet