



2017-2018 STUDY SKILLS/AFTERCARE PROGRAM ENROLLMENT CONTRACT

STUDENT INFORMATION:

First Name	Middle	Last	Preferred Name (nickname)
Birthdate	M _____ F _____	School District of Residence	Student Lives With
Homeroom Teacher's Name		Billing Name & Address (if different from parent/guardian)	

GUARDIAN INFORMATION:

Name: Parent/Guardian #1	Name: Parent/Guardian #2
Relationship	Relationship
Street Address	Street Address (if different)
City State Zip	City State Zip
Home Phone Mobile Phone/Pager	Home Phone Mobile Phone/Pager
E-mail address	E-mail address
Employer	Employer
Employer Address	Employer Address
Business Phone FAX	Business Phone FAX

TUITION

After Care Weekly Rates

- 5 days- \$60.00
- Hours: 3:30PM-6PM

School Break Camps Weekly Program Fees

- Teacher In-service **full and half day** rates:
- Full Day - \$27.00
 - Half Day - \$18.00

**When DHPA is closed, limited extended care services may be available. If services are not available, it may be requested the student attend the camp at Desert Heights Preschool. We will not have extended care available during the week long breaks (i.e. fall break, winter break and spring break).*

This contract is not binding upon the school until executed by the school and is for a period of one academic year. For enrollment to be complete, the following must be fulfilled:

1. Completion of an enrollment contract with signatures
2. Completion of the emergency card
3. Payment of appropriate fees
4. Completion of student file

The student will be considered enrolled in the school for the grade level set forth above upon acceptance and execution of this contract by the school. Upon acceptance, the school will return one copy of this contract. **Legal Guardians are jointly and separately responsible for the student's account.** It is the obligation of the below-signed Guardians to make all payments in accordance with the **terms of this contract as detailed on back.** In the event that payments should become delinquent, guardians are responsible for any legal or other fees incurred. I/We have read, understand and agree with the terms and conditions:

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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Desert Heights does not discriminate against any person in admission, employment, or otherwise because of race, color, religion, national origin, disability, sex or age in violation of existing state or federal law or regulation.



2017-2018 Academic Year
TERMS OF DESERT HEIGHTS ENROLLMENT CONTRACT

STUDENT ILLNESS/ EMERGENCY

We strive to maintain a healthy, safe environment for our children. In that light, you may not bring to school a child who is ill (determined by our discretion). We will notify you if your child becomes ill, and you must then pick him/her up as soon as possible. You authorize us to obtain immediate medical care of a medical emergency physician, if in our judgment, there is insufficient time first to contact your child's physician, you authorize us to make the decision of when an emergency exists.

_____ (Please Initial)

AUTHORIZATION

You must sign your child in and out of the school. You will not hold us responsible for any liability for allowing any one authorized by you to pick up your child. Your written authorization will remain effective until you notify us in writing of its termination. You will notify us in writing if you wish to authorize a new person to pick up your child and agree that, if circumstances prevent you from delivering an authorization in person, we may rely on an authorization provided by you by fax which will include your code word.

_____ (Please Initial)

PROGRAM FEES

We may increase our program fees at any time by giving you at least one month's prior notice.

_____ (Please Initial)

RESPONSIBILITY

You agree that you will be responsible for any losses, damage or destruction by your child of any property of the school and for any damage for which the school becomes liable or chargeable for your child's actions.

_____ (Please Initial)

COST OF COLLECTION / STUDENT RECORDS

If we refer your account for collection, you will pay all our costs of collection, including (but not limited to) attorneys' fees. We will not be obligated to release to you or any other school any student records until your financial obligations are paid in full, except as legally mandated.

_____ (Please Initial)

PAYMENT BY CHECK

There is a **\$25.00 NSF fee** for all returned checks. After a NSF checks received all payments must be made with a cashier's check, money order, cash, debit or credit card.

_____ (Please Initial)

FULL-DAY/HALF-DAY AND WEEKLY CLOSURES

There are several occasions that Desert Heights Preparatory Academy will be closed and we will offer care. You are still responsible for your weekly tuition dues during this time of closure. If you choose to send your child to the camp that is provided you will pay only the camp fee. However, if you choose not to send your child to camp you will only be responsible for your After Care fees. It is your responsibility to sign up for your child(ren) to receive care on those days. If you sign-up for care and do not remove your child's name before the posted cut-off date, you are financially responsible for the daily charges.

_____ (Please Initial)



Desert Heights Preparatory Academy

3540 W. Union Hills Drive

Glendale, AZ 85308

602-896-0888

www.desertheightsprep.org

THIS AGREEMENT is entered into by and between Desert Heights and the parents/guardians whose signatures appear on the front of this contract. In consideration of the mutual promises set forth herein, the parties hereto accept the following terms and conditions governing enrollment and attendance at the school. All admissions are accepted at the sole discretion of Desert Heights.

_____ (Please Initial)

TERMS OF PAYMENT: All charges are due and payable on the 1st day of each week. Weekly statement can be viewed on ParentVue/StudentVue as we do NOT send paper copies. Payment can be mailed or paid in person at the school office. Cash or Check payments can be made in the front office, credit card payments are only accepted online through the Mealtime Program. Credit card payments are to be made to the DHPA Aftercare program. There is a \$20.00 late fee for payments received after 8:00 a.m. on Wednesdays. Students will be subject to disenrollment if payment is not received by the last day of the week they are due. A charge of \$25.00 will be assessed on checks returned by the bank.

_____ (Please Initial)

IN CASE OF CANCELLATION OR WITHDRAWAL: A 2 week written notice of withdrawal must be provided to the office two (2) weeks prior to your child’s last day of school; which becomes effective the day we receive your written notice. You are financially responsible for those two (2) weeks.

_____ (Please Initial)

RULES AND REGULATIONS: The guardians and the student agree to abide by and uphold and support all policies, rules, regulations, and decisions adopted by the school as set forth currently and such other policies, rules, and regulations as may be implemented by the school. General rules and regulations are published periodically by the school and in the Parent Handbook, copies of which are available from the school office and are hereby incorporated by reference. Disregard of the rules and regulations of the school or disruption of the school community is sufficient cause for dismissal.

_____ (Please Initial)

ABSENCES OR ILLNESS: Refunds or credits will not be given for absences due to illness, vacation, participation in sports or after school club or any other reason.

_____ (Please Initial)

HOLIDAYS: The school is closed for the customary holidays and teacher in-service days. Consult the current school year calendar. Full weekly tuition is applicable throughout the school year.

_____ (Please Initial)

OPTIONAL CHARGES: Opportunities may arise which require additional fees for some field trips which will be charged on a per trip basis.

_____ (Please Initial)

LATE DEPARTURES: Aftercare hours are 3:30PM – 6:00PM Parents who have not picked up their children by 6:00PM will be charged an additional \$1.00 per minute late fee, to be paid when the student is picked up, as determined by school time. Late departures due to inclement weather or health emergencies are exceptions.

_____ (Please Initial)

I agree to the above terms and conditions, including the obligation to pay the school all charges for programs and additional fees and in all events to be responsible for the financial obligations of my child.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date