

RAVENWOLF EXPANDED LEARNING OPPORTUNITIES PROGRAM CONTRACT

By initialing I have read and agree to the following upon enrollment of my child in the RAVENWOLF Expanded Learning Opportunities Program (ELO-P):

- _____ 1. I understand that I am responsible for all financial obligations incurred relative to this enrollment and agree to the fees and policies stated in the financial contract.
- _____ 2. I will pay for any property damage caused by my child and acknowledge that the RAVENWOLF is not responsible for students' lost, stolen, or damaged personal property.
- _____ 3. I have read the Parent Handbook and will cooperate with the school to ensure compliance with all rules and policies.
- _____ 4. I understand that students will only be released from the RAVENWOLF/ELO-P to those listed on the Emergency Form. I understand that the person(s) authorized on the Emergency Form must be at least 18 years of age and possess valid picture identification. Siblings under 18 years of age must have written permission by the guardian and a valid picture ID to pick up a student from the ELO-P should the guardian not be able to do so.
- _____ 5. I understand that the RW/ELO-P reserves the right to dismiss any student who does not comply with school rules and policies.
- _____ 6. Account payments received a week after due date will be charged a \$10.00 late fee. Delinquent accounts and/or unruly parent behavior may also constitute reason for dismissal.
- _____ 7. I understand that the RW/ELO-P will operate on regular, early release Friday & minimum days. The ELO-P will not operate during summer vacation or on school holidays.
- _____ 8. I understand that all programs associated with the **ELO-P end promptly at 5:30 p.m. Mon -Thurs and 4:00 p.m. on Fridays at which time all students MUST BE picked up. A LATE FEE WILL BEGIN ACCRUING after the closing time of the program.**
- _____ 9. I understand the late fee will be assessed if I am late in picking up my child. The late fee is **\$10.00 plus \$1.00 per minute for every minute after closing.** Three late pick-ups may be cause for termination of your child's participation in the program.

RAVENWOLF EXPANDED LEARNING OPPORTUNITIES PROGRAM 2023/24 FINANCIAL AGREEMENT

- _____ **ENROLLMENT:** Parents may enroll a child in the 2023/2024 ELO-P starting August 22, 2023. The enrollment process may be completed at the school site. The enrollment is considered complete upon return of all registration materials **with parent signature** . Additionally, before an enrollment can be complete the school must verify that a seat for your child in the program is available.
- _____ **PROGRAM WITHDRAWAL/CHANGES** You must communicate with the **SCHOOL OFFICE** of your intent to release your child's seat in the program. A refund will be issued for unused months for payments made in advance. **No pro-rated rates.**
- _____ **RETURNED CHECKS:** In the event that an individual has a check made payable to the district returned for any reason twice in a single school year, the District requires that all payments be made in cash, cashier's check, or by money order. **A \$10.00 fee will apply.**
- _____ **BILLING/PAYMENT QUESTIONS:** In the event you have a question about your account, please contact the school business office.

As the guardian of _____, I agree to pay all fees associated with NCSA's Ravenwolf Expanded Learning Opportunities Program as stated in this contract.

Start Date: _____

As the guardian of _____, I acknowledge receiving, reading and agree to abide by the guidelines in the RAVENWOLF Expanded Learning Opportunities Program 2023/2024 contract.

The undersigned have agreed to the policies, procedures and financial obligations of the RAVENWOLF Expanded Learning Opportunities Program as stated in this contract. Any person financially responsible, other than the parent/guardian must sign.

_____	Home Phone Number _____	_____
Mother or Father/Legal Guardian Signature		Date

_____	Cell Phone Number _____	_____
Financially Responsible Party (if other than parent or guardian)		Date

_____	Work Phone Number _____	_____
		Date

E-mail address: _____

RAVENWOLF

Expanded Learning Opportunities Program 2023/2024 STUDENT INFORMATION

Student's Name: _____

Teacher: _____

Grade: _____ M () F ()

Birth date: _____

Check one: Full Time _____ Part Time _____ Drop In _____

AUTHORIZATION for CHILD PICK-UP

Automatic authorization for pick-up is given to the parent/s and/or guardians of the student listed on this page. If my child is not picked up by CLOSING TIME, is sick or if there is an emergency, I authorize RAVENWOLF Expanded Learning Opportunities personnel to release my child to the other individuals listed below if I am unavailable (Please include parents/primary guardians first):

_____ Name	_____ Phone Number	_____ Relationship
_____ Name	_____ Phone Number	_____ Relationship
_____ Name	_____ Phone Number	_____ Relationship
_____ Name	_____ Phone Number	_____ Relationship
_____ Name	_____ Phone Number	_____ Relationship

Custody/Legal Restrictions (must have paperwork on file) _____

STUDENT MEDICAL INFORMATION

List any serious medical conditions: _____

My child has the following allergies: _____

_____ My child is taking a prescription medication and will need to have the medicine administered during childcare. I have completed the permission to administer prescription drug form and returned.

In the event of a life-threatening reaction, I authorize school trained school personnel to give emergency treatment i.e. adrenaline via Epi-pen, to my child. I also authorize my child be taken to the nearest medical center for treatment if I am unavailable.

Name of Parent

Signature of Parent

Date

Phone Number