

# PARENT STATEMENT OF UNDERSTANDING AND AGREEMENT FORM

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## GRADE K THRU 5

I understand that contracts are intended for a full school year or remainder thereof and/or entire summer program. In the event I must withdraw my child from the program, I understand that a two-week written notice is required to terminate the contract. If I do not provide a two-week written notice, I understand that I will be responsible for paying for the two-week period, regardless of whether or not my child is in attendance. I understand that Grace Covenant Baptist Academy reserves the right to terminate a contract at their discretion at any time. **PLEASE REMEMBER, WHEN ENROLLING, YOU ARE RESERVING A SPACE—NOT DAYS, OR WEEKS OR MONTHS.**

I understand this agreement is a contract binding for both the Academy and parent(s)/guardian(s).

I understand that any court costs, legal fees or collection fees incurred by Grace Covenant Baptist Academy in the collection of delinquent accounts will be the sole responsibility of the parent(s) or guardian(s).

I understand that, upon the completion of all enrollment forms and payment of appropriate application fees, I will have appropriate age-level information made available to me regarding my student of which is included licensing requirements for child care by the State of Tennessee.

My child has been examined by a physician within the time required by the Department of Human Services and a completed record of immunizations and health care has been submitted to the school my child attends and/or Weekday Childhood Education Director.

I agree to pay the annual enrollment fee of \$75.00 per student (payable at the time of enrollment), and the monthly tuition of \$350.00 (payable August thru May). If paid monthly, tuition must be paid by the 5th of each month to avoid a 10% service fee of \$17.50 being added to the account. If payment is not received by the 15th of each month, an additional service fee of \$17.50 will be added to the account.

If paid bi-monthly, the first installment of \$175.00 is due on the 1st of each month. If the first installment is paid after the 5th of each month, a 10% service fee of \$17.50 will be added to the account. A second installment of \$175.00 on a bi-monthly payment plan is due on the 15th of each month. If the second installment is paid after the 20th of each month, a 10% service fee of \$17.50 will be added to the account.)

I understand GCBA closes each weekday at 5:30 p.m. and that teachers have obligations after work. Therefore, I understand my child must be picked up by 5:30 p.m. each day, and if my child is picked up after 5:30 p.m., a "late fee" of \$2.00 per minute will be added to my account.

I understand that, if my student WILL NOT be riding the bus on any given day during the week, it is the responsibility of the parent(s) or guardian(s) to contact the Academy office. This avoids delays in picking up students from school. **FAILURE TO NOTIFY THE ACADEMY OFFICE (865.690.3681) WILL RESULT IN A \$10.00 "FAILURE TO NOTIFY" FEE BEING ADDED TO THE STUDENT'S ACCOUNT.**

I understand that all fees are *non-refundable*.

I understand and agree to the following holidays, in-service days and Knox County Schools closures observed by Grace Covenant Baptist Academy: GCBA will be closed during Knox County Schools Spring Break Week, Memorial Day Week, Knox County Schools Fall Break Week, Christmas week, Knox County Schools in-service days, and all federal holidays. These closures have been taken into consideration in determining tuition costs. No additional discounts are available throughout the year, including weather-related closings.

I understand that all extracurricular activities provided by the afterschool program are at additional charge. If I do not pay for the activity, my child will not be provided the opportunity to participate in the activity.

I understand that I must check my child in (as appropriate for afterschool students) and out at the Academy each day the child attends the afterschool program, and that my child will only be released to the person or persons I have so designated.

I understand that the Academy is not liable for accident or illness occurring to my child while he/she is in its care, unless it can be proven that the accident or illness was the direct result of the staff's negligence.

Liability for the acts of the child while under the care of the Academy staff is the parent's responsibility. Family disputes (divorce or custody) disrupting normal child care may result in dismissal of the child.

An adult who is obviously impaired (due to alcohol and/or drugs) will not be permitted to leave the Academy with the child unless they are accompanied by another adult who is not impaired. Furthermore, a parent under the influence of alcohol and/or drugs when bringing children to the Academy will not be tolerated.

I agree to honor the policies of the Grace Covenant Baptist Academy afterschool program in terms of fee payment, illness of the child, withdrawal from the program, health and safety regulations and other stated policies.

I understand that all registration information must be updated by the parent(s)/guardian(s) whenever there is a change of general or emergency information and is the responsibility of the parent to make the necessary changes.

On those occasions when I am unavailable or, in emergency situations, I authorize the afterschool staff of Grace Covenant Baptist Academy to seek emergency medical care as needed for my child, \_\_\_\_\_. Physician's name, address and office telephone number: \_\_\_\_\_

If custodial changes are made after a child enters the program, the parent must provide the Academy with a signed court order. Ref. 36-6-105 (Domestic Relations).

I do hereby acknowledge that I have read and that I consent to the above statements and that I have been informed of other policies and activities as stated in the Grace Covenant Baptist Academy afterschool handbook concerning the operation of the afterschool program.

Signature of Parent or Legal Guardian

Date \_\_\_\_\_