ZION BUDS OF PROMISE CHRISTIAN ACADEMY
2019 – 2020 Before/After Care APPLICATION AGREEMENT

Date: _____

Child's Name: _____

☐ **Before Care:** ☐ **Mon.** ☐ **Tues.** ☐ **Wed.** ☐ **Thurs.** ☐ **Fri.** _____/_____
Hours: From To

☐ **After Care:** ☐ **Mon.** ☐ **Tues.** ☐ **Wed.** ☐ **Thurs.** ☐ **Fri.** _____/_____
Hours: From To

☐ **Extended Care: (care between 5:30 p.m. and 6:00 p.m.)**

at the ☐ **Daily Rate** ☐ **Weekly Rate** ☐ **Annual Rate of** _____

I understand that Zion Buds of Promise is not a "drop in" center, that I am contracting to reserve a class slot, that state-determined co-pays must be paid on the first business day of each month, that tuition must be paid on the first business day of each week or minimally in nine (9) installments on the first business day of each month (September through May) regardless of attendance to maintain the class slot and that withdrawn families choosing to re-enroll must pay a re- enrollment fee.

_____
Initials

☐ **My payment <u>is</u> state subsidized. I will pay the state determined co-pay amount on the first business day of each month along with any outstanding account balance.**

☐ **My payment <u>is not currently</u> state subsidized, but I have applied. If my subsidy application is not approved, I understand that I am responsible for paying the full per week tuition amount for all weeks enrolled. If my subsidy application is approved, I understand that my advance payments will be returned to me (less appropriate fees and co-payment amounts) when Zion receives my Action for Children approval letter and payment covering the time attended.**

☐ **My payment <u>will not be</u> state subsidized. I will pay the full tuition amount on the first business day of each week along with any outstanding account balance.**

_____
Transportation Service Name, Telephone **Est. Pick Up Time** **Est. Drop Off Time**

I (We), the undersigned, have read and do agree to abide by the terms, conditions, and procedures outlined in the Zion Buds of Promise Christian Academy Parent Handbook.

_____ _____
Father or Guardian's Name (Printed) **(Signature)**

_____ _____
Mother or Guardian's Name (Printed) **(Signature)**

I (We), were recommended to Zion by: _____