



## Parental /Guardian Agreement

I, the parent/guardian of \_\_\_\_\_ hereby agrees to pay the tuition rate for my child/children on a weekly basis. I understand that tuition rates are per child and are **non-refundable**. The tuition rate for non-members is \$75.00 for each child. The tuition rate for members is \$65.00 for each child. I understand that tuition payments are due online **by the end of business on Thursday (6:00 p.m.)**. I agree to pay a late payment fee of **\$10.00** if payment is not received by 6:00 p.m. each Thursday. **I understand that the payment made on Thursday is for the upcoming week (ex: August 24<sup>th</sup> payment is for the week of August 28<sup>th</sup> –September 1<sup>st</sup>).** I understand that failure to satisfy any outstanding balance(s) will result in my child/children inability to attend our program the following Monday. I understand that there is a \$50.00 **annual non- refundable registration fee that is required to be paid to process my child/children application.**

I understand that all payments can be made online only on Thursday by 6:00pm. I understand that there will be **no refunds** for days absent or extended vacations taken by my child/children. I understand that if I choose to withdraw my child, I must give Solomon’s World a written notice of two (2) weeks prior to withdrawal date. **Failure to do so will result in payment owed for the two (2) weeks.** I understand that failure to comply with the policies and procedures of Solomon’s World Summer Enrichment Program may result in dismissal of my child.

I understand that I **must attend** orientation prior to enrollment. I understand that Solomon’s World opens at 2:30 pm and will only open prior to this time on Guilford County Schools’ teacher workday (8am-5:30pm). On teacher workdays my child must be present by 9 a.m. to be included for the day. **There will be an additional charge of \$15 for teacher workdays.** I should always contact Solomon’s World when I know that my child/children will not be arriving at the times specified on this Agreement. I also understand that Solomon’s World closes at 6:00 p.m. and that if my child is not picked up by 6:00 p.m., I hereby agree to pay **\$10.00** per each five (5) minute period, regardless of my emergency. Contacting Solomon’s World does not mandate being excused from the late pick up fee and does not exclude the late fee. I also understand that failure to call or pick up my child by 6:30 p.m. will result in my child being turned over to the Police Department with possible abandonment charges.

I understand that I should always maintain accurate and updated information about how I may be contacted. I agree to participate by abiding to the compliance regulations concerning my child. I will present myself in a positive and professional manner at all times.

My signature below indicates that I understand my rights and responsibilities as a Parent/Guardian of my child/children enrolled in the Solomon’s World Afterschool Enrichment Program. I agree to abide by all of the policies and procedures set forth by Solomon’s World Afterschool Enrichment Program.

_____	_____	____/____/____
PRINT Name of Parent/Guardian	Signature of Parent/Guardian	Date Signed
_____	____/____/____	
Signature of Director or Designee	Date Signed	