

**ROSEDALE UNION SCHOOL DISTRICT EXTENDED DAY CLASS  
PARENT CONTRACT**

**Please Read thoroughly, initial all lines and sign.**

- I agree to a non-refundable/non-transferable registration fee of \$50.00 per school year, per child. \_\_\_\_\_
- The first month's tuition must be paid in full **10 days prior** to the first day of school and I understand that all other tuition becomes due on the 1<sup>st</sup> of each month. Payments not received by the 5<sup>th</sup>, become past due. An additional \$40.00 fee is due with the past due tuition. **If payment including the late fee is not received by the 14<sup>th</sup> of the month, my child will be automatically deactivated.** \_\_\_\_\_
- I agree to pick up my child no later than the designated pick-up time of 5:30 p.m. and I understand that late pick-up charges will apply. Every 15 minutes or any portion thereof will be \$15.00. \_\_\_\_\_
- I agree to make all payments by cash, check, money order, Myprocare.com or Tuition Express payable to the Rosedale Union School District. **Checks and money orders will be accepted at the EDC site** through the fifth of the month. **No post dated checks will be accepted. All cash and late payments after the fifth must be paid at the District Office, 2553 Old Farm Road, Bakersfield, CA 93312.** \_\_\_\_\_
- I agree to pay a service charge of \$25.00 for checks returned for any reason. After **one** NSF Check has been received, payment will only be accepted in Cash, Credit, Money Order, or Online Payment. This will be in effect for the remainder of the school year. Any court costs or attorney fees associated with legal action to enforce collection will be my responsibility. \_\_\_\_\_
- I understand the fees for tuition are based on days of service and not on attendance. No refunds or credit will be given for any reason due to absence. \_\_\_\_\_
- I agree to give a **two (2) week written notice** should I wish to withdraw my child. Written notice must be given to the **Director of EDC at the Rosedale Union School District Office, 2553 Old Farm Road, Bakersfield, CA 93312.** I understand I am responsible for any payments that are due during this time. I understand and agree to a \$20.00 fee should I wish to reinstate my child into the program. \_\_\_\_\_
- I understand that my child **must be completely potty trained. If my child has an accident, they must be picked up from the program immediately. Excessive accidents will result in removal from the program.** \_\_\_\_\_
- I understand that if my child has a fever, vomited or is showing signs of illness, arrangements will be made to pick him/her up within 30 minutes of being called. \_\_\_\_\_
- I understand that in the event of **continued late payments, late pick-ups, discipline problems or any other good cause,** the Rosedale Union School District reserves the right to remove my child from the program. \_\_\_\_\_
- I understand that if my child is not attending school due to any illness or suspension, they may not attend the Extended Day Class Program during this time. \_\_\_\_\_
- I will immediately notify the District Director if there are any changes to my address, employment, phone numbers and/or emergency contacts. \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student Name(s):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**For District Use Only: Site Codes** AL AM CE DR IN PT RN **School Year:** \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Receipt #: \_\_\_\_\_

1<sup>st</sup> Month Tuition: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Before School Care Program     After School Care Program     Before and After School Care Program     Drop-In Program

Bi-Weekly (1<sup>st</sup> & 14<sup>th</sup>)     Monthly     District Employee     Community Connection for Childcare

Start Date: \_\_\_\_\_