

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

- I agree to a non-refundable/non-transferable registration fee of \$45.00 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 1st of each month. Payments not received by the 5th of, 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 14th 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 6:00 p.m. and I understand that late pick-up charges will apply. Every 15 minutes or any portion thereof will be \$15.00. Lost, damaged or additional swipe cards will be issued for a nominal fee. _____
- I agree to make all payments by cash, check, money order, 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. **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. Two (2) NSF's (non-sufficient fund) in a school year will place the account on "Cash Only" status. 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 **EDC Coordinator 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 \$15.00 fee should I wish to reinstate my child into the program. _____
- I understand that in the event of continued late payments, late pick-ups and 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 Coordinator 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 st Month Tuition: \$ _____	Date Received: _____	Received by: _____	Receipt #: _____
<input type="checkbox"/> Before School Care Program	<input type="checkbox"/> After School Care Program	<input type="checkbox"/> Before and After School Care Program	<input type="checkbox"/> Drop-In Program
<input type="checkbox"/> Bi-Weekly (1 st & 14 th)	<input type="checkbox"/> Monthly	<input type="checkbox"/> District Employee	<input type="checkbox"/> Community Connection for Childcare
Start Date: _____			