



HIGH TECH HIGH

Before and Aftercare Programs

2017-2018 Enrollment Packet

Dear Parents,

Beginning August 1, 2017 all High Tech High schools will use a single fee structure for before and aftercare services. In order to provide a safe and engaging after school care program for our students, fees paid by parents must cover a substantial portion of our program costs.

We must also have reasonable estimates of the number of children who will participate, so that we may be able to plan ahead for our staffing needs.

1. Payment Methods

- Annual Plan

Families electing this option for the 2017-18 school year will be asked to make a monthly payment beginning September 1 that allows their children to participate every day that our schools are in session. The program is based on 175 academic days and admission to the program will be prorated monthly upon entrance.

- Daily Rate

While our program is designed to serve families who need on-going child care provided by the school, we understand that emergency situations do arise where you may be unable to pick your child up within 15 minutes of dismissal. Should your child require supervision until a later time, a daily child care fee will be assessed and payment is due at the time that you pick up your child. There will be an allowance of two days per month.

2. Fees Information

About Our Fees

Our fee schedule is shown on the following page. Significant discounts are provided for families with more than one student participating and for those children who are certified eligible for Free or Reduced Price Lunch.

2017-18 Before and After School Care Monthly Program Fees

High Tech High Affiliated Schools

Before Care Rates

All School Days

Number of Children Participating	Standard Rate	Eligible for Reduced Lunch Rate*	Eligible for Free Lunch Rate*
1	\$20.00	\$15.00	\$5.00
2	\$25.00	\$20.00	\$10.00
3+	\$30.00	\$25.00	\$15.00

After Care Rates

All School Days

Number of Children Participating	Standard Rate	Eligible for Reduced Lunch Rate*	Eligible for Free Lunch Rate*
1	\$200.00	\$100.00	\$35.00
2	\$360.00	\$155.00	\$45.00
3+	\$490.00	\$195.00	\$50.00

Early Dismissal Days Only

Number of Children Participating	Standard Rate	Eligible for Reduced Lunch Rate*	Eligible for Free Lunch Rate*
1	\$105.00	\$55.00	\$30.00
2	\$165.00	\$80.00	\$33.00
3+	\$215.00	\$100.00	\$34.00

Early Dismissal Days Middle School Only

Number of Children Participating	Standard Rate	Eligible for Reduced Lunch Rate*	Eligible for Free Lunch Rate*
1	\$55.00	\$30.00	\$15.00
2	\$90.00	\$50.00	\$18.00
3+	\$115.00	\$65.00	\$20.00

*Subject to annual qualification

Single Day Use - \$20 per day (Up to 2 per month)

Program Late Fees

Any family who picks up their child after closing is subject to a late fee. Late fees are \$1.00 per minute after closing.

When Are Fees Due?

Fees for annual plans are paid on a monthly basis. Due dates for annual plan payments appear below:

<u>Services for the month of:</u>	<u>Payment is Due by:</u>
August & September (treated as one month)	September 1
October	October 1
November	November 1
December	December 1
January	January 1
February	February 1
March	March 1
April	April 1
May	May 1
June	June 1

At this time there is no form of public support available to fund these services. High Tech High will continue to apply for funding to offset program costs and if we do receive a grant to partially or fully offset these costs, the fees will be adjusted accordingly. Thank you for supporting our program us and understanding the importance of continuing these services.

Convenient Payment Plan

For your convenience, High Tech High offers various payment methods as noted below:

- ACH recurring payment
- Credit card
- QuickBooks ACH payment and credit card (new for 2017/18)

If payment of the monthly fee is not received by the due date, services received will be charged at the higher daily rates.

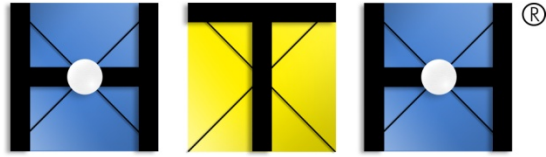
10% fee discount for accounts setup with ACH

Need Assistance?

If you have any questions concerning the High Tech High Before and Aftercare Programs, please contact:

Program Coordinator: Maggie Fragoso
email Address: mfragoso@hightechhigh.org
Telephone: 619-795-3576

TO ENROLL IN THE ANNUAL PLAN, PLEASE COMPLETE THE ATTACHED FORMS AND RETURN THEM TO THE SCHOOL ALONG WITH THE PAYMENT FOR THE FIRST MONTH. IF YOU ARE SIGNING UP FOR AUTOMATIC PAYMENTS FROM YOUR BANK ACCOUNT, THOSE PAYMENTS WILL BEGIN OCTOBER.



HIGH TECH HIGH

2017-18 HIGH TECH HIGH BEFORE AND AFTERCARE APPLICATION

[High Tech Elementary Explorer]

Section 1: Student Information

Please print and complete this section about your child

Student's Legal Full Name (First and Last Name): _____

Grade Level: _____

Section 2: Siblings

When enrolling more than one child into the Before and Aftercare Programs, please provide the names of brothers or sisters who will also be participating in this section.

1. Sibling Legal Full Name (First and Last Name): _____

Grade Level: _____

2. Sibling Legal Full Name (First and Last Name): _____

Grade Level: _____

3. Sibling Legal Full Name (First and Last Name): _____

Grade Level: _____

Section 3: Parent/Guardian Contact Information

Parent Name: _____

Mailing Address: _____

Cell Phone #: (_____) _____ Work Phone #: (_____) _____

Contact Email (Please Print Clearly): _____

Parent Name: _____

Mailing Address: _____

Cell Phone #: (_____) _____ Work Phone #: (_____) _____

Contact Email (Please Print Clearly): _____

Emergency Contact if we cannot reach you:

Name: _____ Relationship to Child: _____

Emergency Contact Phone: _____

Section 4: Authorization for Medical Treatment

Consent to Treatment of a Minor:

I authorize the Aftercare School Program staff at High Tech Middle Media Arts to consent, in my absence, to medical treatment, and/or hospital care to be rendered to my child under the supervision and upon the advice of a physician licensed under the Medical Practice Act. This authorization is effective from August 1, 2017 to July 31, 2018. I understand that the staff of the school may, in the event of a minor injury, take care of routine first aid needs, and in the event outside medical treatment is required, the staff will obtain the appropriate care for my child and I will be notified. I understand the primary financial responsibility for such care belongs to me as a parent. (Please Check One)

_____ **Yes**, I give the Aftercare School Program authorization to transport my child in the case of an emergency

_____ **No**, I do not give the Aftercare School Program authorization to transport my child in the case of an emergency

Section 5: Sign In/Out Procedures:

- Please pick up your child no later than 6:00 p.m. at HTeX, and sign him/her out. This is extremely important in order for us to ensure the safety of all students.

Section 6: Program Selection and Fees:

Please enroll my child(ren) in:

BEFORE CARE - SERVICE ON ALL SCHOOL DAYS – INCLUDES **ALL SCHOOL DAYS** STARTING AT 7:30AM

PLEASE CIRCLE THE CORRECT TOTAL MONTHLY FEE FOR YOUR FAMILY ON THE CHART BELOW

Number of Children Participating	Standard Rate	Eligible for Reduced Lunch Rate	Eligible for Free Lunch Rate
1	\$20.00	\$15.00	\$5.00
2	\$25.00	\$20.00	\$10.00
3+	\$30.00	\$25.00	\$15.00

AFTER CARE - SERVICE ON ALL SCHOOL DAYS – INCLUDES ALL SCHOOL DAYS FROM DISMISSAL TO 6:00 PM

PLEASE CIRCLE THE CORRECT TOTAL MONTHLY FEE FOR YOUR FAMILY ON THE CHART BELOW

Number of Children Participating	Standard Rate	Eligible for Reduced Lunch Rate	Eligible for Free Lunch Rate
1	\$200.00	\$100.00	\$35.00
2	\$360.00	\$155.00	\$45.00
3+	\$490.00	\$195.00	\$50.00

ELEMENTARY SCHOOL AFTER CARE - SERVICE ON EARLY DISMISSAL DAYS ONLY TO 6:00 PM

PLEASE CIRCLE THE CORRECT TOTAL MONTHLY FEE FOR YOUR FAMILY ON THE CHART BELOW

Number of Children Participating	Standard Rate	Eligible for Reduced Lunch Rate	Eligible for Free Lunch Rate
1	\$105.00	\$55.00	\$30.00
2	\$165.00	\$80.00	\$33.00
3+	\$215.00	\$100.00	\$34.00

Section 7: Before and Aftercare Program Policies

- The Before and Aftercare Programs are optional. Families are not required to participate; however, any students on campus 30 minutes before school, or 30 minutes past dismissal time must be enrolled and attending the program.
- **Students are not allowed to leave the school site at any time during the Before and After Care Programs if not specifically under the supervision of our program staff. For the safety of the students, this policy is strictly enforced. A student leaving the school site without permission will be subject to discipline.**
- The Programs provide snacks each day to all students who are participating.
- Parents/Guardians must make arrangements for students to be picked up no later than 6:00 PM. The school reserves the right to terminate aftercare services to any family who does not respect this policy.
- All students currently attending an HTH school are able to enroll and participate in the program.

High Tech Elementary Explorer
Before and Aftercare Programs

ACH Recurring Payment Authorization Form

*** If you have multiple children in different schools, you must complete a form for each school ***

Please complete the information below:

Parent/Guardian Name: _____

Email: _____

Phone: _____

Child/Children's Name(s): _____

Account Type: Checking

Name(s) on Account: _____

Bank Name _____

Bank Routing # _____

Account Number _____

Bank City/State _____

ALL BLANKS MUST BE COMPLETED FOR THE FORM TO BE VALID.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

I, _____ authorize High Tech High to charge my bank account the amount specified below beginning with the next payment due following the month in which I enroll and continuing on each subsequent payment on the last business day of each month through June 1.

SIGNATURE: _____ DATE _____

I understand that this authorization will remain in effect until I cancel in writing, and I agree to notify High Tech High in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above notes periodic payment falls on a weekend or holiday, I understand that this payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that High Tech High may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

I am an employee of High Tech High

To Be Completed by School:

Monthly Payment: \$ _____